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THE UNIVERSITY OF ALBERTA

NEEDS AND STRENGTHS OF PARENTS OF EDUCABLE MENTALLY HANDICAPPED CHILDREN

BY

KATHLEEN McCALLA

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF SCIENCE

IN

FAMILY LIFE EDUCATION

FACULTY OF HOME ECONOMICS

EDMONTON, ALBERTA
(SPRING/1987)

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Needs and Strengths of Parents of Educable Mentally Handicapped Children submitted by Kathleen McCalla in partial fulfilment of the requirements for the degree of Master of Science in Family Life Education.

Supervisor

Date: Oct 24/86

Abstract

The central purpose of this study was to conduct a comprehensive need identification and assessment of parents of children classified as educable mentally handicapped and attending opportunity classes within the Edmonton Public School System. The information derived from the study could form the basis for parent education program development for this population.

The following questions formed the focus of the study.

1. What are the expressed parent education needs of parents of educable mentally handicapped children?
2. What are the expressed strengths of parents of educable mentally handicapped children?
3. How do the expressed needs of parents of educable mentally handicapped children compare with the needs of the population as identified by key informants.

The study made use of a convergent approach to need identification and assessment in that information was collected from a number of sources using different techniques. The data collection techniques used in this study were: a survey of the parent population; a survey of key informants and a review of the relevant literature. The research instruments used in both surveys were developed by Robert Strom. The parents were surveyed through the use of a closed ended form of the Parental Needs and Strengths Inventory intended for use with parents of children ages 7 through 12. They key informants were surveyed through the use of an open ended form of the Parent Strengths and Needs Inventory, intended for use with teachers.

Analysis of the data sought to describe both the generic and child age specific needs and strengths of the parent population

and to thus respond to the questions forming the focus of the study. Parent needs and strengths were identified and implications for parent education programming for this population were discussed.

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Figure 1 - A Process Model of the Determinants of Parenting

LIST OF ABBREVIATIONS

EMH Educable Mentally Handicapped

EPSB Edmonton Public School Board

PSNI Parental Strengths and Needs Inventory

CHAPTER 1

Statement of the Problem

Need identification and assessment are the vital first steps of the program planning process. The information developed through a comprehensive need assessment provides the contextual framework for developing new or improving established programs, as well as evaluating the relevance or adequacy of available human services. In order to ensure the relevance and adequacy of parent education efforts, it is essential that need identification and assessment of specific target groups, within the heterogeneous population of parents, be undertaken.

Background

Parent education is a rapidly expanding area of adult education. There is a proliferation of programs and materials directed at parents, taught by a wide variety of professional and lay persons, under the auspices of a wide variety of organizations and groups (Canino & Reeve, 1980; Fine, 1980; Hamner & Turner, 1985; Harman & Brim, 1980). The central objective of parent education is to effect change in parental role performance through an organized planned effort with a clear notion of aims, content and target population (Auerbach, 1968; Fine, 1980; Harman & Brim, 1980).

Auerbach (1968) contends that parent education is offered as "primary prevention" in the hope of avoiding emotional and social maladjustment in children. Since prevention carries with ~~it a~~ connotation of action, parent education is actually intervention to

help parents function more effectively in their parental role. The interventionist nature of parent education is exemplified by its aims, in that parent education programs seek to impart information, awareness or skills to the participants on aspects of parenting, and thus to influence the behavior of parents.

The content of parent education is as broad as the parental role, and relates to all aspects of child rearing. However, as families are diverse in form, cultural characteristics and modes of function, parent education programs must be sensitive to change and to the unique needs of the target populations they seek to serve.

The principle of situation specificity developed by Harman (1976) is particularly relevant to the importance of recognizing differences in target groups when planning parent education programs. Harman states: "Each and every community of people exists within a cultural and environmental context from which it derives a unique character and dynamic, requiring that the understanding of groups be based on their analysis within the confines of those contexts, and that the planning and development of activities be anchored in such situation specific analysis" (1976, p.31).

The literature on parent education indicates that middle and upper middle class women are the predominant participating group in the various forms of parent education (Croake & Glover, 1977; Fine, 1980; Hamner & Turner, 1985; Harman & Brim, 1980). While the literature indicates that this group are more likely to be participants, it does not imply that lower class parents do not

participate at all. Rather, it might mean that available parent education programs tend to address themselves to a particular target group. While successful in that aspect of their purpose, such a practice may result in the exclusion of other groups (Goodyear & Rubovits, 1982; Harman & Brim, 1980).

The target population of this research is parents of children classified as educable mentally handicapped. Parents of educable mentally handicapped children may face a number of difficult and unique problems and issues. Educable mentally handicapped children (hereafter referred to as EMH) are classified by the American Association on Mental Deficiency (Grossman, 1983) as those children who obtain scores ranging from between 50 and 55 to approximately 70 on standardized IQ tests and who are below average in adaptive behavior. This classification system is adhered to by the Edmonton Public School Board. The central criterion is intelligence, but these children are frequently further hampered in achieving academic success through memory, behavioral, attentional or emotional disorders. Speech and language deficits are common. The developmental delay demonstrated by these children is global and not restricted to intellectual development. It often encompasses motor, social and emotional development as well (Hallahan & Kauffman, 1986; Kirk & Gallagher, 1983; Robinson & Robinson, 1965; Ysseldyke & Algozzione, 1984).

The other criterion, adaptive behavior, which refers to the way an individual functions in his or her social or non-academic

environment, and which is age and situation specific, must also be well below average, when classifying an individual as mentally handicapped. The AAMD specifies that in infancy and early childhood sensory-motor, communication, self-help and socialization skills are important. In middle childhood and early adolescence adaptive behavior makes use of abilities involving learning processes and interpersonal social skills. In late adolescence and adulthood, vocational skills and social responsibilities are important. While instruments have been developed to measure adaptive behavior, the distinction between adaptive and non-adaptive behavior remains largely subjective (Hallahan & Kauffman, 1986; Helton & Workman, 1982; Ysseldyke & Algozzine, 1984).

While families of all socioeconomic levels have mentally retarded children, a large proportion of EMH children are from families characterized by low socioeconomic status, fewer completed years of formal education, greater isolation and fewer resources for effective socialization of children (Kirk & Gallagher, 1983; Meyerowitz & Faber, 1966; Robinson & Robinson, 1965; Tarjan, Wright, Eyman & Keeran, 1983; Wakefield, 1964). The parents of EMH children may well, therefore, fall into the category of parents largely excluded from parent education programs, only in part due to the characteristics of their children. Yet the competent enactment of the parental role may be made more difficult, again due to the characteristics of both the family and the EMH child.

Statement of Purpose

In order to respond to the "situation specific" needs of parents of EMH children, research which has as its purpose the identification and assessment of need is necessary. The importance of such research is further supported by research undertaken by Levitt & Cohen (cited in Canino & Reeve, 1980) which found that the majority of programs for parents of exceptional children failed to assess parental needs in a comprehensive and reliable manner.

Therefore, the two main purposes of this research are

1) to conduct a comprehensive need identification and assessment for parents of children who have been classified as EMH and placed in opportunity classrooms within the Edmonton Public School System, and
2) to determine the level of knowledge of this parent group as well as a group of key informants regarding available programs and services for parents of EMH students.

Focus of the Study

There are numerous approaches to conducting need identification and assessment. Selection of the most appropriate approach depends upon a variety of factors, such as the nature of the information being sought, the questions being asked, the target population's tolerance for the various approaches to assessment and the resources available. There is no generally agreed upon set of steps which when followed lead one to a comprehensive assessment of need (Price, 1982; Siegal, Attkisson & Carson, 1978).

A survey approach, of both parents and key informants, was selected as the method which had the potential to yield the most useful information to assist in future decision making for program development. The following questions provided the focus for the study:

What are the expressed parent education needs of parents of educable mentally handicapped children?

What are the expressed strengths of parents of educable mentally handicapped children?

How do the expressed needs of parents of EMH children compare with the needs of the population as identified by key informants?

The following objectives develop more specifically the study's focus:

1. To identify and assess the parent education needs and strengths through an analysis of the parent's expressed needs.
2. To identify and assess the parent education needs and strengths through an analysis of the needs and strengths of parents identified by key informants.
3. To utilize the identified needs and strengths to develop recommendations for future parent education programming for this population.
4. To determine which programs and services for parents of EMH children do parents and key informants know about and which do they use.

Definitions

Need - a gap between what is now and what would be desirable, in terms of proficiency and performance (Price, 1982).

Need Identification and Assessment - an activity which provides a description and/or measure of the needs of a population for specific services, programs, or interventions in order to prevent or remediate problems or to enhance an aspect of the population's lives (Kamis, 1979).

Key Informants - individuals who have ongoing professional contact with the target population.

EMH - educable mentally handicapped individuals, with IQ scores from between 50 and 55 to approximately 70 on standardized IQ tests and deficiencies in adaptive and social behavior.

Parent Education - an organized planned effort with a clear notion of aims, context and target populations, the objective of which is to effect change in parental role performance (Auerback, 1968; Fine, 1980; Harman & Brim, 1980).

CHAPTER 2

Conceptual Framework

This chapter includes a description of the conceptual lens through which the parenting needs and strengths of parents of school aged EMH children will be studied. The conceptual framework draws heavily from a model of the determinants of individual differences in parental functioning (Belsky, 1984) and role theory in order to identify the major aspects of the role and the factors which may impact on needs. This conceptualization shall provide the framework for the development of research techniques in this research.

The parental role is a major adult role assumed by a large percentage of individuals in society. It involves complex, interactive and developmental roles, for which individuals are largely unprepared, either in terms of realistic expectations or actual and specific training (Hamner & Turner, 1985; Harman & Brim, 1980; Lemaster & Defrain, 1983; Rossi, 1968). One of the unique features of being a parent is that once the role is assumed, it can not be relinquished with honor (Lemaster & Defrain, 1983; Rossi, 1968). One becomes a parent with the birth of the first child and after this event continues to be a parent throughout life.

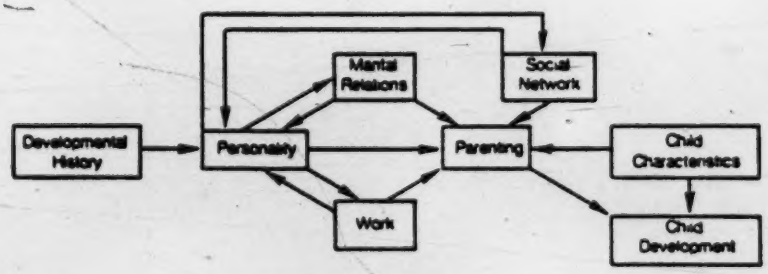
Conceptually, parenthood has been defined as a process or the state of being a parent (Brooks, 1981; Morrison, 1978). Morrison (1978, p. 23) defined parenting as "the process of developing and utilizing the knowledge and skills appropriate to planning for, creating, giving birth to, rearing or providing care of offspring".

Brooks (1981) described parenting as a process that includes nourishing, protecting and guiding a child through the course of development. In this process, parenting is a continuous series of interactions between parent and child, and a process that changes both.

While it is generally agreed that acquiring the roles associated with parenthood is normative, there is less consensus about the impact of accomplishing the tasks of parenting on either parents or their children, or of assessing the determinants of effective role functioning.

Determinants of Parenting

The complexity of the parental role, and its interactive and developmental nature is clearly depicted in Belsky's (1984) process model of the determinants of parenting. This model is an attempt to describe and explain the multiple determinants that affect parental role behavior.



Note: From "The Determinants of Parenting" by J. Belsky, 1984, Child Development, 55, p. 84. Copyright 1984 by J. Belsky. Reprinted by permission.

Drawing heavily from research and theory on the etiology of child abuse and neglect, and working from the premise that determinants of parenting highlighted by pathological behavior also influence behavior considered normal, Belsky has concluded that there are three general sources of influence on parental functioning. These he identifies as "1) the parent's ontogenic origins and personal psychological resources; 2) the child's characteristics of individuality, and 3) contextual sources of stress and support" (Belsky, 1984, p. 83).

While additional supportive research for this model is needed, it provides a useful schematic representation of how individual differences in parental role functioning may develop. Further, as will be seen in later discussion, Belsky's model is consistent with role theory.

As can be seen from the diagram, the model presumes that parenting behavior is directly influenced by forces from within the individual parent (personality), within the individual child (child characteristics of individuality) and from the broader social context within which the parent-child relationship is embedded. Specifically this social context includes marital relations, social networks and occupational experiences of parents. Furthermore, this model assumes that "parents' developmental histories, marital relations, social networks and jobs influence individual personality and general psychological well being of parents and thereby parental functioning and, in turn, child development" (Belsky, 1984; p. 84).

Role Development

Parenthood is assumed by individuals usually already occupying the position of husband or wife within the family group. Its assumption is a critical role transition event. With the addition of another member to the family, new behavioral demands are placed upon the individuals. Husbands become fathers; wives mothers. These new roles demand that new relationships be developed.

Each different role that an individual enacts consists of a set of norms, the behavioral expectations that set one role off from another. Aldous (1978) reminds us however, that the content of the roles which people play are increasingly the result of improvisation rather than of rigidly prescribed norms. Individuals learn general normative guides to role performances, but the circumstances of the situation tend to determine specific behavior. As a result, individuals tend to be involved in role making (Turner, 1962) rather than norm playing. Thus, within broad normative limits, a wide range of behaviors will be accepted as appropriate to a particular role (Aldous, 1974).

Role making occurs within all of the positions and roles held by individuals within the family group and grows from repeated interactions. It is at critical role transitions such as marriage, birth of the first child, and eldest child's entry to school that role making is most apparent. It is then that new behaviors and relationships must be developed.

The developmental nature of role making means that roles are dynamic and not static when viewed over time. Farber's concept of positional career (Farber, 1961) helps to clarify this dynamic nature of role. When viewed over time, a position, such as husband/father or wife/mother can be thought of as a changing sequence of role clusters. Role clusters (Deutscher, 1959) refer to the total complement of roles and their associated norms that make up a position during any one stage of the family life cycle. While one remains in the husband/father or wife/mother position, the content and behavioral specifications and the norms guiding the enactment of the roles making up the position are modified.

The concept of role clusters means that individuals are involved simultaneously in the enactment of multiple roles, both within the family group and within the larger society. The successful enactment of any one role may contribute, through increased self-esteem, to the successful enactment of some of the individual's other roles. Of course, the converse may be true.

It is important to emphasize that the individual occupies positions within and outside of the family group, that positions are composed of roles which, particularly in the case of family roles, are guided by broad normative guidelines. As a result, the development of the role arises from improvisation and role making on the part of the individual.

The reciprocal nature of the parental role means that parenting behaviors at every age level of the child are affected by

the child's nature and temperament; so much so that it is often difficult to determine whose behavior is shaping whose. Further, as children develop from infancy through adolescence to adulthood, the changes in their developmental characteristics require changes in the parental role enactment. As children develop, parents repeatedly discover that previous behaviors are no longer appropriate and they are faced with finding new ways of guiding and interacting with the child. In other words, role making occurs as a result of changing role clusters and sequences.

As well as being affected by the temperament, character and development of the child, the parent's role enactment is affected by numerous other determinants. Since parenting occurs in a family, the enactment of the role is affected not only by the individual personalities of the interacting parent-child dyad, but also by the nature of the family in which parenting takes place. The characteristics of and differences between the mother and father, the birth of siblings and the structural makeup of the family all affect the enactment of the parental role. Just as parents, and parents and children, are subsystems within the family, the family itself is embedded within subsystems of the extended family, networks of friends and the larger society. Thus, other factors, such as the family of origin, social class, peer values, ethnicity, educational systems and religion too have an impact on parental role enactment.

Thus, as Lemaster states (Lemaster & Defrain, 1983; p. 24) parenting behaviors are "the result of a complex network that is not

yet clearly understood, especially with regard to the relative impact each dimension has upon the child". Nor, it should be added, is it clearly understood what impact these numerous factors have upon the continued development and enactment of the parental role.

Summary

Both Belsky's (1984) model of the determinants of individual parenting behavior and role theory support the view that competent parental role behavior is multiply-determined. The following chart highlights some of the important points developed by each of these theoretical views:

Determinants of Parenting	Role Development
1. Parents' ontogenic origins and personal psychological resources.	1. Society provides normative guidelines to appropriate role behavior.
	2. Individual role making is influenced by family of origin, social class, ethnicity, religion.
	3. The dynamic nature of role means that rolemaking is continuous.
2. Child's characteristics of individuality. - temperament - goodness of fit between parent and child.	4. The child's temperament and the developmental stage of both the child and parent affect the content and the enactment of the parental role.
3. Contextual sources of stress and support - marital relations - social network (family or origin and friendship support).	5. Individuals occupy multiple roles both within the family and the larger society.
	6. The nature of the family including family structure,

siblings and marital relations affect the enactment of the parental role.

Implications for Parent Education

As previously stated, the central objective of parent education is to effect change in parental role performance through an organized planned effort with a clear notion of aims, content and target population (Auerbach, 1968; Fine, 1980; Harman & Brim, 1980) The specific goals, target populations and content of programs vary according to the orientation of the sponsoring organizations or groups. While there are many aspects of parenting beyond the scope of parent education programming, parent education can have an effect on some of the determinants of parental role behavior. Through the provision of knowledge and skill development, parent education could play a role in strengthening personal psychological resources and contextual sources of support, and in promoting a "goodness of fit" (Lerner, R. & Lerner, J., in press; as cited in Belsky, 1984; p. 86) between parent and child.

However, the population defined as "parents" is too heterogeneous for singular or standard program planning to be successful. The planning and development of parent education activities must be anchored in more "situation specific analysis" (Harman, 1965). Planners of programs for parents need to assess the needs of more specific target populations within the larger population of parents.

CHAPTER 3

Review of the Literature

This chapter will include a review of the literature relevant to this research. It will include a discussion of need and need identification and assessment, as constructs and process. Further, it will include a review of the literature on the needs of parents, and parent education programming, in particular with respect to the needs of parents of exceptional children and parent education programming for this group of parents.

Definition of Need

Any discussion of need identification and assessment should properly begin with a definition of what is meant by need. Although a definition of "need" has been included in Chapter 1, it is not a simple term or concept with respect to adult education. Indeed, the literature in adult education indicates that the definitions of need can be broken into a number of different categories (Atwood & Ellis, 1971; Monette, 1977). When considering issues of need identification and assessment in relation to adult education we are concerned with real educational or learning needs.

Often, the adjective "real" prefaces "need" in order to indicate that it is a need which can be objectively determined to exist as distinct from one that is only thought to exist. An educational need is one that can be satisfied by means of a learning experience. A real educational need is one that can be both objectively determined and then met through educational intervention.

(Atwood & Ellis, 1971; Monette, 1977). Real educational needs can be identified through determining a population's felt or expressed needs or wants, identifying normative or ascribed needs and measuring comparative needs.

Felt or expressed educational needs or wants are needs identified by potential learners. There is considerable support for developing adult education programs based upon the needs identified by potential learners. However, some caveats should be considered. Taken alone, the felt need or want expressed by an individual or population may be an inadequate measure of real need. For, as Monette (1977, p. 118) states perceptions of individuals will be limited by "their awareness of services available, their own self awareness and their willingness to depend on services". Frequently, adult learners must be assisted to recognize their real needs. Often need identification and assessment methodologies (discussed later in this chapter) are useful in this regard. Involvement in the process of need identification and assessment may lead to increased self awareness and awareness of services available, and reduce barriers against making use of services. (Neuber, 1981).

"Normative need", as the term implies, refers to a gap between a desirable standard valued by some group or society, and a standard that actually exists (Monette, 1977). Normative standards are not absolute and may change with time, depending on developments in knowledge and changes in society. Thus as Monette states "that someone is in need is not a simple empirical fact but rather a value

judgment entailing three propositions; that someone is in a given state; that this state is incompatible with the norms held by some group or society; and that therefore the state of that someone should be changed." (Monette, 1977, p.118).

A "comparative" need, while alone not an adequate measure of real need, is measured by comparing the characteristics of those receiving a service with those who are not. If these others demonstrate the same characteristics and are not receiving the service, they are said to be in need.

The literature on need and need identification and assessment provides a number of different definitions of "real educational need". Scriven and Roth (1978) express the idea that need is the gap between an actual and a satisfactory situation and does not imply any state of deprivation or deficiency. Atwood and Ellis (1971) suggest that need is a deficiency that detracts from an individual's well being. Price (1982) views need as a gap between a present set of circumstances and some changed or more desirable set of circumstances, which can be described in terms of proficiency (knowledge, skills and attitudes), performance or situation. He develops this concept by suggesting that needs can deal with desires, interests or deficiencies and can be specified for individuals, groups, organizations or society. Nguyen, Attkisson and Bottino (cited in Siegal, Attkisson & Carson, 1978; p. 216) define an unmet need in terms of three criteria; 1) the recognition of a problem, a dysfunctional psychological state or an undesirable social process, 2) the judgment that satisfactory

solutions are either inaccessible, inadequate or non-existent, 3) the necessity to either reallocate existing or to appropriate new resources in order to achieve a satisfactory solution.

For the purpose of this research, Price's (1982) definition of need will be adopted. Thus, need will be viewed as a gap between what is now and what would be desirable, in terms of proficiency, performance or situation.

Definition of Need Identification and Assessment

Regardless of how need is defined, need identification and assessment is considered a two step process for determining the needs of target populations. There are differences in definitions of need identification and assessment, but they appear to be based on context rather than process. That is, they relate to the purpose for undertaking a need identification and assessment, not the methods used.

Price (1982) defines need assessment as a process concerned with collecting and analyzing information upon which to base educational decisions. Rossi and Freeman (1982) define need assessment as a process for determining the extent of and verifying a problem and its attendant target population. Need assessment in their view would be undertaken to estimate the number of target populations and their program relevant characteristics. Target populations may be individuals, groups, geographically and politically related areas or physical units. Posavac and Carey (1985) discuss need assessment as a procedure for providing objective information about target populations

and the complete set of needs and program possibilities, in order to assist in decision making for program planning. Kamis (1979) described need identification and assessment as an activity which provides a description of, or measures the needs of a population for specific services, programs or interventions in order to prevent or remediate problems, or to enhance an aspect of the population's lives. Siegal, Attkisson and Carson (1978) define need identification as describing human service requirements in a geographic or social area and need assessment as the estimation of the relative importance of these needs. This is clarified by Blum's (1974) description of the process of assessing needs as having two steps. First a measuring tool(s) is applied to a defined social area (need identification) and then the obtained information is assessed through inferences and judgment in order to determine priorities for planning and program development (need assessment) .

Need identification and assessment is in effect a tool for gathering information about the real educational needs of target populations, in order to provide adequate and objective data to facilitate decision making for program planning. The definitions of need, and need identification and assessment, and the methods used to gather information, will impact upon the kind of information obtained, and thus, upon the decisions made. As Scissons (1982, p.21) states "the process of need assessment is inferential, based upon the analysis of data. Needs are not so much identified as they are inferred on the basis of philosophical orientations, practical

situation variables and available information. On this basis, one should expect significant differences in educational needs identified, depending on how the needs were defined and the method selected for identifying or measuring needs within that definition."

Need Assessment Methodologies

The methodologies for conducting need identification and assessment range from the most direct to indirect measures of need. Further, the methodologies are not discrete, and are frequently used in combinations.

Siegal, Attkisson and Carson (1978) argue for a "convergent analysis" of needs involving three stages - identification, assessment and integration - and utilizing a variety of data sources. Their analysis is based on the assumptions that 1) no single assessment technique can offer a comprehensive view, 2) each technique will portray some aspect of existing reality, and 3) the process of synthesizing the information obtained through a number of approaches will yield an accurate picture of the problem. They describe and critically review a number of specific techniques for conducting a need assessment, which are summarized on the chart reproduced here.

Social and Health Indicator Analysis

This approach to need identification and assessment consists of compiling and making inferences of need from statistics found in publicly available records and reports. It is based on the assumption that particular descriptors, such as socio-economic status are viable indicators of human service need (Siegal, Attkisson &

Table 3.1
Need Identification and Assessment Methods

Need Identification and Assessment Methods

Methods and method families		Characteristics and technical considerations regarding the use of each method						
		Perspective being represented	Optimal sponsor	Source of information	Information processing function	Measurement expertise needed	Time and resources needed
Indicator approaches	1. Social and health indicator analyses	Government and private agencies	Local, state, regional or federal planners	Public archives, planning agencies	Compilation of existing data	Moderate to high	Moderate to extensive
Social area survey approaches	2. Demands for services	Service agencies and consumers	Community agencies along with above	Information systems	Compilation	Moderate	Moderate
	3. Analysis of service providers and resources	Planners	Local and regional planners	Local records and surveys	Compilation and development of new data	Low	Moderate
	4. Citizen surveys	Private citizens	Regional, state or federal planners	Face-to-face, telephone, or mailed surveys	Development of new data	High	Extensive
Community group approaches	5. Community forums	Private citizens and consumers	Community agencies	Public meetings	Integration of existing and new data	Low	Moderate
	6. Nominal group techniques	Planners, service providers, citizens	All levels	Specific projects	Development of new data	Moderate	Minimal
	7. Delphi technique	Planners, service providers, experts	All levels	Specific projects	Development and integration	Moderate	Moderate
	8. Community impressions	Citizens, key informants, consumers, providers	Community agencies, regional planners	Specific projects	Development, compilation, and integration	Moderate	Minimal

Note: From Evaluation of Human Service Programs (p.228) Edited by C.C. Attkisson, W.A. Hargreaves and M.J. Horowitz, 1978, New York: Academic Press. Copyright 1978 by Academic Press. Reprinted by permission.

Carson, 1978; Prosovac and Carey, 1985). This approach can range from very simplistic designs, using one or two indicators, to very complex designs that consist of many variables requiring the use of complex statistical analysis.

The health and social indicator analysis approach is invaluable as an initial descriptive approach to understanding a given social area, and can be used in conjunction with other methods. In terms of Blum's (1974) description of need identification and assessment as a two step process, this approach would be considered most appropriately as the first step, that of need identification. This approach does not generate new information. Rather it analyzes, integrates and disseminates already existing information (Siegal, Attkisson & Carson, 1978).

Demand for Service

This approach requires a survey of the entire human services network within a community, in order to review past and present services offered and requests for services. Its aim is to understand the number and types of human services demanded in a community, in order to infer needs (Siegal, Attkisson & Carson, 1978). The demand for service approach involves a compilation of existing information and integration of these sources of information, and it should be considered as an important element of a broader assessment strategy.

Analysis of Service Resources

This approach provides a count of human services within a community by type and capacity. It is a particularly useful approach for identifying both gaps and duplications of service. It involves the compilation and integration of information that exists at the agency level. This approach would usually be combined with a demand for services survey (Siegal, Attkisson & Carson, 1978).

Citizen Surveys

This is the most direct method of need identification and assessment in that information regarding needs is elicited directly from the community or target population. The main function of this approach is the development of new information by collecting different perspectives on the nature and magnitude of human service needs from community residents or designated target populations (Siegal, Attkisson & Carson, 1978). However, as it is based on self-report, it should be used in conjunction with other need identification and assessment processes to obtain verifying and supporting information.

Community Forum

This method consists of open public meetings to which all members of the community are invited and encouraged to present their views regarding the human service needs of a particular social area (Siegal, Attkisson & Carson, 1978). Its central objective is to generate new information regarding incidence and prevalence of particular problems and characteristics of target populations (Rossi & Freeman, 1982). It is also a useful technique by which to gain

citizen involvement. The usefulness of this approach is dependent upon the representativeness of the attending individuals, and their willingness to express themselves openly.

Delphi Approach

This approach involves the establishment of a panel of resource persons or a selected group of community residents whose opinions on a particular issue are valued. Their perspectives regarding human service needs of the community or target population are then derived from their responses on a questionnaire. This approach is concerned with the development of new information, and is most appropriate when minimal time and resources are available for a need identification and assessment effort (Siegal, Attkisson & Carson, 1978).

Nominal Group Approach

A selected group of community residents or representatives of a target population are invited to share their views regarding community needs and to identify obstacles to relevant and effective human service delivery, in a social area, or with reference to specific issues (Siegal, Attkisson & Carson, 1978). It is similar to the Delphi approach, in that it obtains new information through citizen input, but differs in formality. It is described by Siegal Attkisson & Carson (1978) as a non-interactive workshop designed to maximize productivity and creativity, and minimize argument and competition.

Community Impressions

This approach is a survey technique ranging in manner from informal interviews to structured questionnaires, with key informants. The main criteria for the selection of key informants should be their knowledge of the community or target population, needs and services already being received, and their leadership potential (Rossi & Freeman, 1982). Siegal, Attkisson & Carson (1978) outline three steps to this method of need identification and assessment. First, key informants are surveyed regarding their views of human service needs. This information is then integrated with information from other need assessment procedures to yield a richer understanding of the community or target population's needs. Finally the resulting picture of needs is then validated or reversed. In their view, this approach is a necessary one for the creative convergence of need identification assessment information.

From the preceding discussion of need identification and assessment approaches, it can be seen that no single approach can lead to a comprehensive understanding of need. Rather, as Siegal, Attkisson and Carson (1978) indicate, the use of multiple approaches and as a result, multiple sources of data, will yield the most accurate and complete portrait. In this way, the most objective basis for decision making regarding the provision of programs, services or interventions would be provided.

Parent Education

Parent education literature and parent education groups are not a new phenomena in North America, but the past two decades have seen a significant increase in interest and popularity (Croake & Glover, 1977). The growing popularity of parent education has been attributed to rapid changes in the family and the greater society. The changes are reflected by a decline in family size and the extended family, an increase in mobility, change in employment patterns particularly for mothers, and changes in family structure (Hamner & Turner, 1985; Harman & Brim, 1980; Fine, 1980). As a result of these changes, the roles of family members are quite different now than they were when most of today's parents were growing up. Even so many of these parents have modelled their own family roles after those of their parents, often creating a conflict with today's values. The family responsibilities of a wife-mother or a husband-father may be quite different from what they were twenty years ago, thus creating ambiguity and uncertainty for parents. This lack of clear guidelines and models has made the effective enactment of the parental role difficult for many parents (Fine, 1980; Lillie, 1981).

Again, a definition of terms is needed. The literature on parent education offers various definitions (Auerbach, 1968; Croake & Glover, 1977; Fine, 1980; Hamner & Turner, 1985; Harman & Brim, 1980). The common elements of virtually all of the definitions put forward can be summed up as: structured or semi-structured programs for

parents, or potential parents, to enhance their functioning in the parental role.

Parent education programs attempt to provide opportunities for parents to develop and/or refine knowledge, skills and attitudes. The emphasis is to allow parents to exert more control, authority and direction in the development and education of their children and themselves. The underlying assumptions are that if parents participate in parent education programs, they will receive support and acquire knowledge, skills, abilities and attitudes related to competent parenting. As a result, parents can then more effectively promote their child's healthy social and emotional development and achievement in school. As well, they can enhance the daily lives of the family and experience greater self-fulfillment (Hamner & Turner, 1985; Harman & Brim, 1980). Presumably, with the enhancement of the lives of children and families, society as a whole will benefit and in the future will continue to benefit from a generation of children reared by prepared and concerned parents (Morrison, 1978).

However, while improving the lives of children and families may be a common goal for parent education programs, there is no consensus about how this goal shall be accomplished. The methodologies and theoretical frameworks for programs are diverse and divergent and applied in a variety of situations. Agencies and institutions of all kinds and levels have sponsored parent education programs, with the program design and format of parent education programs being as varied as the sponsoring organizations and groups.

Depending upon the setting and the orientation of the sponsor, a number of approaches may be used singly or in combination, including, for example, lectures, audio visual presentations, one to one instruction, demonstration and modelling techniques, or the distribution of reading materials.

The content of parent education programs also varies, depending upon the specific target population and the orientation of the sponsoring organizations or groups. Topics commonly addressed include communication skills, responsibilities of parenthood, child development and psychology, cultural stimulation and play activities of childhood, discipline and moral development, human sexuality, nutrition, first aid and health maintenance, daily living skills and the use of community resources, marriage and family relationships (Authier, Sherrets & Tramontana, 1980; Fine, 1980; Harman & Brim, 1980). Parents are a heterogeneous population and thus target groups for parent education are also diverse (Hamner & Turner, 1985; Harman & Brim, 1980; Fine, 1980).

The diversity and "situation specific" needs of potential target groups for parent education is reflected in the literature (Fine, 1980). Potential target groups for parent education can be identified by a variety of criteria. From the literature, the following appear to be the most common: all parents, parents in specific life stages, parents of a child at a specific developmental stage or parents with particular child/parent problems. The objectives of programs, depending upon the theoretical framework, can

be primarily informational, skill oriented, support oriented or combinations thereof.

As discussed previously, the purpose of need identification and assessment with respect to parent education, is to identify the target parent population for whom programming is intended; to identify and assess the needs of the population with respect to knowledge, skills and attitudes regarding parenting and the parental role; and to priorize these or make decisions about these as part of the program planning process.

Parent Education for Parents of Educable Mentally Handicapped Children

The literature indicates that parents of EMH children may have more difficulty acknowledging and coming to terms with their child's handicap than do parents of children with less ambiguous handicaps (Dalton & Epstein, 1963; Murphy, 1982; Schild, 1982; Wadsworth & Wadsworth, 1971; Willner & Crane, 1979). Exploration of this phenomenon indicates that the parents' difficulties may be largely derived from the prevailing ignorance and confusion about the condition, which in turn is derived mainly from the ambiguous nature of the disability itself. Accurate diagnosis of EMH usually occurs when the child is between three and five years of age. Most often, diagnosis is not made until school entry. The child's appearance and developmental milestones may be within normal limits or may show delay or even precocity. The early signs of EMH may be so subtle that they can be interpreted as either an early warning signal or as a transient state of an otherwise normal child. Indeed, as the literature

(Hallahan & Kauffman, 1986; Kirk & Gallagher, 1983; Strichart & Gottlieb, 1982; Ysseldyke & Algozzine, 1986) indicates, in many environmental settings, during infancy and early childhood, the EMH child will not be recognized as retarded. The retardation often isn't evident, because expectations for the child are not heavily weighted with intellectual content during the preschool years. The EMH child may well be first identified by the school when learning ability becomes an important part of social expectations.

Solnit and Stark (1961) in their study of mothers of retarded infants, found that when informed that their babies were abnormal, the mothers entered into a period of mourning. During this period they experienced the same sequence of emotions undergone by those who mourn an actual death including stages of denial, anger, despair and acceptance. The quality and intensity of the mother's reaction was affected by her own history, defense pattern and degree of narcissistic involvement. Not every mother was able to work through the entire process and emerge from mourning. According to Solnit & Stark, the completion of these four stages is essential if the mother of a handicapped child is to play a constructive part in the child's development, because it is this process that allows her to detach from the expected idealized child and attach herself with realistic expectations to the actual child.

Unlike the parents studied by Solnit and Stark, the parents with whom this research is concerned gave birth to an apparently normal child. The long delay before even a tentative diagnosis is

made permits the parents to acclimatize themselves to their child's possibly deviant behavior and come to think of it as normal. If parents of a child who is diagnosed at birth have difficulty detaching themselves from the expected and idealized child, it may be even more difficult when the parents have lived for several years with a child they had perceived as normal. Now they have to experience a known child but in a new framework with unclear parameters.

Despite the lapse of time before the parents learn that there is a significant disorder in their child's development, Willner and Crane (1979) assert that the ideas of Solnit and Stark (1961) about mourning still apply, but with significant differences. Solnit and Stark assert that with a retarded child, the mourning reaction is less acute than with the death of a child, but its structure is very similar. Willner and Crane state that with a marginally handicapped child (such as an EMH child) the reaction is still less acute, but that the process is prolonged.

The fact that the child's disability is recognized very gradually can strengthen the denial of reality, leading to a more chronic mourning reaction. (Solnit and Stark, 1961). In a sense, the parents may become fixated between recognition of their child's disability and denial of its implications.

On the basis of clinical experience Willner and Crane (1979) conclude that the parents of a severely or definitively handicapped child suffer chronic sorrow throughout their lives, whereas the parents of a marginally handicapped child suffer chronic

disappointment. Because the child's limitations cannot always be clearly defined, the parents are repeatedly tempted into unrealistic hopes, which are repeatedly dashed. Hopes for their children may rise as successive developmental milestones are passed. When setbacks occur, parents of EMH children likely experience not only their own hurt and disappointment, but also empathize with their child's feeling of recurrent frustration (Dalton & Epstein, 1963). EMH children are often referred to as "slow learners" rather than retarded. While this is often done by professionals out of sensitivity to the label retarded, in the minds of many parents this may well be interpreted to mean that the child will "catch up" with his contemporaries. That is, it will just take him longer to get to the same place. Of course, in reality, this is simply not so (Dalton & Epstein 1963).

The parents of EMH children may need time to work through their denial of the retardation, and their subsequent depression. Some may become immobilized and need support and help in recognizing the potential and the feelings of the child. Dalton and Epstein have noted that the parental mourning response to the diagnosis of EMH can produce maladaptive patterns in the parent child relationship that can serve to exacerbate the child's disability, by not providing an optimum environment within which development can occur. It is essential both for the sake of the child and for the sake of the parents, that the mourning process is not perpetuated and that an effective parent child relationship is restored as quickly as possible

(Canino & Reeve; 1980; Dalton & Epstein, 1963; Schild, 1982; Wadsworth & Wadsworth, 1971; Wilner & Crane; 1979).

Wadsworth and Wadsworth (1971) stress the importance of parent education for this population. They suggest parent education provided by family specialists who will take the time and have the skill to communicate relevantly without building false hope, and with words that can shape positive attitudes in these parents. "Positive feelings contrasted with hopelessness, are reflected in behavior toward the child that encourages accomplishments, minimizes attention to failure and fosters the social adaptability of the child." (Wadsworth & Wadsworth 1971, P.147).

Because adjustment to a child with a handicap is an ongoing process that may take a lifetime (Ferholt & Solnit, 1978; Robinson & Robinson, 1976; Schild, 1982), there has been increasing recognition of the need for recurrent counselling or programming for parents of EMH children. At various stages of the child's and parent's development, different issues may occur requiring that parents develop new strategies and approaches for effective parenting. For this they may need help.

It is appropriate to discuss some specific needs of parents of EMH children. These are identified in the literature, and could be addressed by parent education programs.

Frequently mentioned is the parent's need for information regarding the nature of their child's handicap. Misconceptions surrounding mental handicap need to be disspelled, in order for

parents to accept their child's handicap and to develop appropriate and realistic expectations for their children (Becker, Bender & Kawabe, 1980; Canino & Reeve, 1980; Schild, 1982; Turner, 1980; Wadsworth & Wadsworth, 1971).

Also frequently mentioned in the literature is the importance of involving parents in their children's educational programming (Canino & Reeve, 1980; Fine, 1980; Lillie, 1981). Related to this is the tremendous importance stressed in the literature of a positive parent-professional relationship, characterized by trust, respect and non-judgment. In order to maximize educational benefits to the child, it is viewed as vital that educators and parents work as a team of equals with a common goal.

Also evident in the literature as a specific need of parents of EMH children is the need to develop effective strategies for discipline and improving parenting skills (Stanhope & Bell, 1981; Turner, 1980). These are not needs unique to parents of EMH children. However, the specific strategies required to be effective may be unique to this population.

Parents of EMH children are undoubtedly more alike than unlike parents of normal children and as such will experience the broad range of living problems that are part of family life and parenting, such as discipline, nurturance and guidance. There are however special dimensions in these tasks which evolve from the context in which they occur, having a child with a handicap.

In other words, while parents of EMH children have general needs similar to the needs of parents of children with normal intelligence, they also have needs which are "situation specific". As such they will require programming designed specifically to meet these needs. Need identification and assessment is a vital part of the program planning process for this target population of parents as a result of these "situation specific" needs.

CHAPTER 4

Methodology

This chapter will include a description of the method through which data was gathered. It will include a brief review of the process of need identification and assessment utilized as well as the procedures for surveying the populations, the specific materials utilized in data collection and the analysis plan.

A research design is a plan of action outlining the process of data collection. The design specifies what data to collect, how to collect it, when to collect it and from whom to collect it. The specific methods chosen for data collection depend to a great extent upon the kind of information that would be most relevant to the study, the resources available and the population's tolerance for the various approaches to need identification and assessment.

Need identification and assessment is any activity which provides a description and or measures of the needs of a population. This enables the objective provision of specific services, programs, or interventions in order to prevent or remediate problems or to enhance an aspect that is lacking in the lives of the population. (Kamis, 1979).

There is no generally agreed upon step by step process, which when followed, leads one to a comprehensive identification and assessment of need. Rather the process of need identification and assessment is flexible and comprehensive enough to include a variety

of designs with applications to many different situations (Price, 1982; Siegal, Attkisson & Carson, 1978).

Regardless of the situation or the design, a comprehensive and well planned need identification and assessment for program planning will ensure that bias is avoided and that the most complete information is gathered. In addition it will focus on the learners' needs and will provide the maximum possibility that the resulting program will meet the identified needs (Price, 1982).

Data Collection

A convergent approach to need identification and assessment is most likely to yield the most complete information regarding the learning needs of the target population; and decrease the likelihood of a biased view. A convergent approach is one in which information is derived from a number of sources, at different points in time using several techniques. The research discussed here made use of a questionnaire survey of the target population of parents, a questionnaire survey of key informants, and analysis of data available in the published literature. The integration and synthesis of the information gathered from these three sources should yield the most complete information regarding the needs for parent education for the target population.

A survey is an effort concerned with gathering different perspectives in this case on the nature and magnitude of needs for parent education, from the target population (Siegal, Attkisson & Carson, 1978). The main function of a survey is to develop new

information. One of the greatest advantages of this approach is that it is a systematic process of gathering information directly from the target population regarding their needs for parent education. When this new information is integrated and synthesized with information gathered from key informants and through an examination of the literature on parenting, needs of parents generally and needs of parents of exceptional children in particular, an adequate picture of needs and strengths to enable specific program planning should emerge.

Parent Respondents.

The population for the participant group of parents consisted of all parents of children enrolled in elementary opportunity classes within the Edmonton Public School System during the spring of 1986. Names of schools with opportunity classrooms were obtained from the EPSB, and arrangements were made with the school principals and opportunity classroom teachers for the distribution of the parent questionnaires. Because of school board policy on confidentiality, names and addresses of parents could not be obtained. The only criterion that was applied for inclusion in the parent population was to be the parent of a child in an elementary opportunity program within the EPSB.

However, certain criteria were assumed regarding the children of these parents. Admission requirements for the elementary opportunity program correspond closely with the AAMD definition of EMH children. That is, IQ range between 50-55 to approximately 70 when assessed on standardized IQ tests, and significant deficits in

adaptive behavior. Adaptive behavior is defined as effectiveness in personal independence and social responsibility. In addition the EPSB considers a depressed performance in curriculum significant for opportunity classroom placement. The children are usually performing academically at less than 1/3 expectancy based on years in school (excluding kindergarten) in more than one area of reading comprehension or decoding, spelling, written expression or mathematics. Further delays in perceptual motor functioning and language development, not due to English being a second language, are considered important criteria for placement in the opportunity program (Edmonton Public School Board Budget Manual, 1985-86).

At the time of this study, 220 children were enrolled in elementary opportunity classes. Questionnaires were sent home with all of the children. One hundred and thirty parents responded, yielding a response rate of 59 percent.

Key Informant Respondents.

The key informants surveyed in this study included all principals of schools with elementary opportunity classrooms and all elementary opportunity classroom teachers. A total of thirty-one questionnaires were distributed to 9 principals and 22 teachers. Twenty one key informants responded to the questionnaire, yielding a response rate of 68%.

Procedure.

The principal of each school with an elementary opportunity class was contacted, once research approval was granted from the EPSB,

to confirm willingness to participate in the study, first by telephone, followed by an explanatory letter. Packages of materials for distribution to parents were then delivered to the opportunity classroom teachers, with a written outline of distribution procedures. In most cases, it was possible to meet and briefly discuss the purposes of the research with teachers. At this time, key informant questionnaires were distributed with a stamped, self-addressed return envelope.

Further contact with the schools consisted of telephone contact with the principals to remind teachers of the two additional materials distribution dates. Three weeks following the final distribution of materials, each school was contacted by telephone in order to thank the principals and teachers for their participation and cooperation. The telephone contacts also served to remind key informants to complete and return their questionnaires.

Each person in the parent population was sent, through their child's school, a parent questionnaire with an explanatory letter and a stamped, self addressed return envelope. Approximately one week following the original distribution, reminder thank-you cards were sent to each potential respondent. Approximately two weeks later, a second copy of the questionnaire, with an explanatory letter and a stamped, self-addressed return envelope was sent to each parent in the population. Both parent and key informant respondents were asked to place their name and address on the outside of the return envelope if they wished a copy of the results of the study.

This procedure of distribution is a modification of the mail survey method described by Dillman (1978). Both Dillman and the developers of the questionnaire recommend a follow-up procedure in order to eliminate non-response to any items. Due to the limitations imposed on contact with the parent population, this was not possible. Thus any questionnaire which was at a minimum of 60 percent completed was included for analysis.

Instrumentation

Parent Questionnaire.

The research instrument, or questionnaire, used in the survey of parents was developed by Robert Strom. The Parental Strengths and Needs Inventory (PSNI) was developed in Scottsdale, Arizona following a survey of parental needs and strengths involving 2893 respondents representing every school grade level, of whom 1286 were parents, 700 were teachers, and 907 were children (Strom, 1985; Strom & Cooledge, 1985). An open-ended instrument, encouraging multiple responses, asking six questions which parallel the major headings of the six subsets in the PSNI, was administered to each sub group in the sample. The closed-ended form used in this study was developed from the results of the Scottsdale data.

The PSNI (Strom & Colledge, 1985) consists of 60 items, divided equally into six subsets. Each subset focuses on a separate aspect of parent development, described as follows:

1) Parent Satisfaction - aspects of parenthood that are satisfying;

2) Parent Success - ways in which parents successfully perform their role;

3) Home Teaching - the scope of guidance expected of parents;

4) Parent Difficulty - problems relating to the obligations of parenting;

5) Parent Frustration - child behaviors which upset the parents;

6) Childrearing Information - things parents need to know to function more effectively.

The first three subsets (satisfaction, success and teaching) comprise an index of parent potentials/strengths. The second three subsets (difficulty, frustration, and childrearing information) comprise an index of parent concerns/needs. While the PSNI is one instrument, it is thereby able to provide two different measures, one a measure of strengths, and one a measure of needs.

The design of the instrument is such that the total scale score is not relevant. Rather, the six subset scores and the two index scores - parent potentials/strengths and parent concerns/needs - are important indicators for program planning emphasis.

The individual items which comprise each subset are closed-ended questions. In each case respondents are to circle only one of four possible answers - always, often, seldom, or never - in response to each statement. Scoring of the first 30 items (that is, the first three subsets, or the potentials/strengths index) is numerical with the answer "always" being given a numerical value of 4 and being most indicative of strength, and the answer "never" being given a numerical value of 1 and being indicative of need.

Scoring of the second 30 items (the second three subsets, representing the concerns/needs index) is reversed with the answer "never" being given a numerical value of 4 and being most indicative of strength and the answer "always" given a numerical value of 1 being most indicative of need. (See Appendix A for the item analysis for the entire instrument). Concluding each subset is an open-ended item to provide parents with the opportunity of expressing themselves on issues not addressed by the subset items.

Although the PSNI is used in this study for a particular purpose, its developers point out that it is an instrument which can be used in a number of ways and for different purposes. The PSNI can be administered to individual parents and their children (a parallel form having been developed for children) to develop an individual parenting profile of strengths and needs for self-evaluation or as a tool for family guidance. It can also be used to develop a focus for program planning for parent education, through the development of a group profile of parenting strengths and needs. Thirdly it can be used as a research tool to identify similarities and differences among populations, obtaining correlations between measurements and evaluating the effectiveness of interventions as a result (Strom & Cooledge, 1985).

Validity and Reliability.

In order to assess the validity of the PSNI, the authors evaluated it for construct validity. Thirty graduate students in human development were asked to match 30 randomly selected responses

to the open-ended form with 25 items on the closed form (Strom & Cooledge, 1985). The degree of agreement exceeded 91 percent indicating that the PSNI can be used to accomplish the purposes for which it was intended.

A reliability check of the instrument was conducted with the sample in Glendale, Arizona, yielding Alpha Coefficients of reliability ranging from .88 to .96, indicating a high degree of reliability.

Key Informant Questionnaire.

The instrument or questionnaire used to survey the key informants is the open-ended form used by Strom (1985) to survey teachers in Scottsdale regarding parent strengths and needs. It consists of seven open-ended questions and encourages multiple responses. The seven questions parallel the six subsets of the PSNI and focus on separate aspects of parental development. These include parent satisfaction, parent success, home teaching, parent difficulty, parent frustration and child rearing information needs. The last issue is addressed by two questions, one of which relates to problems experienced by children that key informants perceive parents requiring more information about, and the other of which enquires of key informants what one thing about childrearing they would most like parents to understand better.

The open-ended form was evaluated for face validity by the developers of the instrument, who have indicated that the instrument

can be used to accomplish the purposes for which it was intended (Strom & Cooledge, 1985).

In addition to the questions regarding parental development, key informants were asked a number of questions regarding parent education and services and programs available for parents of EMH children. A second source of information regarding available programs was provided by the parent questionnaire which, in addition to the sixty items comprising the PSNI, requested of parents respecting demographic information as well as information regarding sources of support and awareness of programs and services.

Data Analysis

Analysis of the data derived from this study was relatively straight forward and simple in that it did not involve hypothesis testing nor the use of inferential statistics. Rather, the research sought to describe the strengths and needs of the parents of EMH children, and through doing so, answer the research questions and provide the basis for priorizing issues for program planning for the parent population.

Data derived from the parent questionnaire were coded, recorded on scanning sheets and computer analysed. A descriptive analysis consisting of frequencies and means for each item was provided. In addition a group profile of parents' needs and strengths was developed. Means, standard deviations and alpha coefficients were obtained for each subset and for the indexes of potentials and concerns. The item analysis was split by child's age, 7 to 12

inclusive, and the mean response to each item, following which it was rank ordered to determine areas of need (being mean scores of 2.5 or below) and areas of strength (being mean scores of 3.5 or above). Responses to the open-ended questions were too few and varied to be analysed.

Data from the open-ended key informant questionnaire was analysed in terms of content, using a thematic coding system, developed by Strom (1985). The code consisted of nine major categories and 84 mutually exclusive sub-categories. The responses were then converted into percentage responses. The major findings of the data analysis are discussed in Chapter 5.

CHAPTER 5

Results

This chapter includes a report of the results of the data collection and analysis. The data were derived from the responses to two questionnaires, one of which was administered to parents and the other of which was administered to principals and teachers. The first section of this chapter is a description of the parent respondents in terms of demographic characteristics. The second section will detail the research results as they pertain to the original research questions.

Description of the Parent Respondents

A total of 130 parents, representing 59 percent of the population, responded to the parent questionnaire. Of these respondents, 71 percent identified themselves as mothers, and 15 percent as fathers; 2 percent were grandparents, 5 percent did not respond to the question and 7 percent indicated that their relationship was other. Those in the latter category identified themselves as either foster parents or group home child care workers. In order to provide some insight into family structure, the parents were asked to provide information regarding marital status, number of children residing in the home, birth position of the EMH child, and the child's sex, age, and ethnic group membership. With respect to marital status, 56 percent of the respondents indicated that they were married. When the categories of separated, divorced, widowed and never married were combined, 36 percent of the respondents were

functioning as single parents. An additional 8 percent did not respond to the item.

The following characteristics, included in Table 5.1, described the EMH children referred to in the study.

Table 5.1
Family Characteristics of EMH Children

Number of Children in the Home	%
one	15
two	42
three	19
four or more	17
missing data	7
	100

Child's Sex	%
Male	56
Female	39
Missing Data	5
	100

Birth Position	%
first born	45
second born	27
third born	9
fourth or later	11
missing data	8
	100

Age of Children

Age	Number	%
6	10	8
7	17	13
8	28	21
9	20	15
10	23	18
11	16	12
12	7	5
13	1	1
Missing Data	8	6
	130	100

Ethnic Group

	%
Anglo-White	67
Asian or Oriental	6
Native Indian	6
Metis	9
Black	5
Other	1
Missing data	6
	100

The parent questionnaire also sought information about the level of education and occupation of the respondent. When applicable, the

The parent questionnaire also sought information about the level of education and occupation of the respondent. When applicable the spouse's educational level and occupation was also requested. It should be noted that the differences in the number of the respondents reporting spouse's level of education and occupation is consistent with the percentage of respondents indicating a single parent family structure.

The information obtained in this regard is summarized in Table 5.2.

Table 5.2
Respondent's and Spouse's Educational Levels and Occupation

Respondent's Education (N=114/130)	%	Spouse's Education (N=76/130)	%
Less than high school	41	less than high school	20
completed high school	28	completed high school	15
some post secondary	22	some post secondary	23
missing data	9	missing data	42
	100		100

Respondent's Occupation (N=114/130)	%	Spouse's Occupation (N=74/130)	%
Home makers	31	Homemakers	7
non-professional non-managerial	28	non-professional non-managerial	53
Professional/managerial	18	professional/managerial	32
unemployed	11	unemployed	8
missing data	12		
	100		100

Needs and Strengths

As previously indicated, the needs and strengths of this population of parents of EMH children were identified through the use of two questionnaires. One was administered to parents and one was administered to key informants.

Each questionnaire addressed the problem in two ways, attempting to identify both needs/concerns, and strengths/potentials. The results from each instrument will be presented here first through a discussion of the needs/concerns, and then through a discussion of the strengths/potentials, in each case as identified by both parents and key informants.

The needs/concerns and strengths/potentials of parents of EMH children were measured by sixty items on Strom's Parental Strength and Needs Inventory (1985). The total scale was comprised of six subsets of ten questions each, focusing on separate aspects of parent development, as follows:

1) Parent Satisfaction - aspects of parenthood that are satisfying.

2) Parent Success - ways in which parents successfully perform their role.

3) Home Teaching - the scope of guidance expected of parents.

4) Parent Difficulty - problems relating to the obligations of parenting.

5) Parent Frustration - child behaviors which upset parents.

6) Childrearing Information - things parents need to know to function more effectively.

Thus the subset scale scores provide one important indicator of need. In addition, the developers of the inventory suggest that two further scores, one index of potentials/strengths, and the other, an index of concerns/needs are also possible. The index of potentials/strengths was arrived at by combining the subset scale scores for satisfaction, success and home teaching. The index of concerns/needs was arrived at by combining the subset scale scores for difficulties, frustrations and information needs.

Thus, scores were arrived at for the respondents, on six subsets, and on the two indexes indicating parent potentials/strengths, and parent concerns/needs. This provided, in part, answers to the first two research questions with respect to need identification.

As a preliminary matter the internal consistency for the parental strengths and needs inventory is indicated in the following two tables.

Table 5.3

Internal Consistency for the Parental Strengths and Needs Inventory Administered to Parents of EMH Students, Edmonton, Alberta

Subset	Item N	Mean	SD	Alpha	
Satisfactions	10.00	31.79	4.13	.83	122 cases
Successes	10.00	33.81	3.61	.80	125 cases
Home Teaching	10.00	36.32	3.62	.88	127 cases
Potentials	30.00	97.79	16.42	.91	116 cases
Difficulties	10.00	29.60	5.86	.89	106 cases
Frustrations	10.00	28.79	3.81	.88	106 cases
Information Needs	10.00	27.30	6.46	.91	122 cases
Concerns	30.00	74.97	24.99	.94	99 cases

Table 5.4

Internal Consistency for the Parental Strengths and Needs Inventory Administered to Parents of Fourth Grade Students, Glendale, Arizona.

Subset	Item N	Mean	SD	Alpha
Satisfactions	10.00	33.38	3.02	.75
Successes	10.00	34.36	3.49	.83
Home Teaching	10.00	37.44	3.10	.89
Potentials	30.00	105.08	7.89	.90
Difficulties	10.00	29.96	3.66	.80
Frustrations	10.00	29.12	4.88	.87
Information Needs	10.00	26.92	6.81	.92
Concerns	30.00	86.00	12.48	.92

Note: The data in Table 5.4 are from "Parental Strengths and Needs Inventory Manual" by R. Strom and N. Cooledge, 1985: unpublished manual. Copyright 1985 by R. Strom. Reprinted by permission.

The developers of the questionnaire indicate that a score of 25 on any subset can serve as a point of overall differentiation between parental strength and parental need. The maximum score which can be achieved on any subset is 40. Parents scoring above 25 would be noted as having strength in this area, those under would be viewed as exhibiting a need. Table 5.3 reveals that all scores on all subsets are above 25 for this sample.

As can be seen in Table 5.3 the subsets reflecting potentials have higher scores than those reflecting concerns. Further, the Home Teaching subset reflects the area of greatest strength for the parent sample, with parent success and parent satisfaction indicating areas of strength, but less so than the home teaching subset.

The subsets reflecting concerns also have scores exceeding 25. Some differences are evident however. The subset concerned with Parent Information needs has the lowest mean score followed by frustrations and difficulties.

A score of 75 or higher is to be interpreted as desirable for either parent index of potentials or concern. As can be seen from Table 5.3 the index of concerns score is slightly lower than 75, suggesting a relatively borderline degree of concern/needs. It is interesting to compare Table 5.3 to Table 5.4. Table 5.4 reports data collected by the developers of the instrument, following its use with 25 parents of regular program fourth grade students. When the scores for potentials and concerns are compared, they are somewhat lower for

parents of EMH children, indicating that they may have less positive perceptions of parenting and more concerns that the parents of the fourth grade children, with no diagnosed educational problems. The higher standard deviations for the indexes may be accounted for by the greater heterogenity of the EMH parent sample. Caution however must be exercised in comparing these two populations as child age is not known for the Scottsdale population.

Question 1 - What are the expressed parent education needs of parents of educable mentally handicapped children?

In order to decide the proper focus for the parent curriculum, the developers of the inventory suggest that a rank order of topics by child age level be established. After each of the items with group mean scores at or below 2.5 have been identified, they should be placed in rank order with the lowest scores on top of the list indicating issues deserving attention in program planning. Further, they suggest that an examination of the lists for approximate age levels can help planners determine the best time to introduce certain topics and phase out others.

In keeping with these suggestions, the data was analyzed for each age group. The mean scores for each item were ranked ordered, after categorizing the group by child age, from age 7 to 12 inclusive. Ages 6 and 13 were not included for analysis as this versation of the PSNI was intended for use with parents of children ages 7 to 12.

The largest number of issues and the lowest mean scores are for ages 7, 10, 12. It should be noted that these ages are characterized by changes in school placement. Most students are 6 1/2 - 7 in the fall term of the initial placement in the opportunity program, age 9 1/2 - 10 in the fall term when they would be moved from primary to junior opportunity, and age 12 is the last year in the elementary program. Caution must be exercised in interpreting the issues for parents of children age 12, because of the low number (7). Table 5.5 provides the rank order of item mean scores reflecting issues of need/concerns. A full listing of the specific items in full is found in Appendix B.

Needs/Concerns

Needs/Concerns of Parents of Children Age 7.

Parents of EMH children age seven are expressing needs/concerns in the major categories of home-school relations, family relations, social relations, guidance, goals and expectations, communication and responsibility of child.

With respect to home and school relations, parents are expressing the need for more information regarding academic requirements and teacher expectations of the child. In addition the parents express a need for strategies to help their children develop study habits.

Conflict resolution is an area of concern for parents. They are dissatisfied with their children's strategies for conflict resolution., find it frustrating and hard when siblings argue and

Table 5.5

RANK ORDER OF ITEM MEAN SCORES REFLECTING NEEDS/CONCERNS

AGE 7 (N=17)			AGE 8 (N=26)			AGE 9 (N=20)			AGE 10 (N=23)			AGE 11 (N=16)			AGE 12 (N=7)		
Sat	10	2.3	Frus	4	2.3	Sat	10	2.3	Info N	7	2.2	Sat	10	2.6	Frus	4	2
Diff	6	2.3	Diff	8	2.5	Frus	7	2.5	Info N	8	2.3	Diff	6	2.6	Info N	8	2
Info N	1	2.4	Info N	9	2.5	Info N	2	2.5	Info N	2	2.3				Diff	7	2.1
Frus	4	2.4							Info N	9	2.3				Info N	1	2.1
Info N	9	2.4							Info N	1	2.3				Info N	7	2.1
Info N	2	2.5							Diff	6	2.4				Sat	10	2.3
Info N	4	2.5							Sat	10	2.5				Diff	1	2.3
Frus	7	2.5							Info N	4	2.5				Diff	8	2.3
Info N	8	2.5							Frus	2	2.5				Frus	3	2.3
Frus	2	2.5													Info N	3	2.3
															Info N	4	2.3
															Frus	7	2.4
															Info N	2	2.4

LEGEND

Info N - Information Needed
Diff - Difficulty
Frus - Frustration
Sat - Satisfaction

express a need for more information in order to help their children when they experience difficulty with peers and peer relations.

Parents are also expressing a need to know more about appropriate expectations related to child development. They are experiencing frustration with their children's apparent inability to sustain attention, and with their children's listening habits and memory. As well, and possibly related to the need for child development information, is the expressed need for more information to help their children learn to accept responsibility and make decisions.

Needs/Concerns of Parents of Children Age 8.

Parents of EMH children age eight are expressing needs/concerns in three major categories. These include the categories of goals and expectations, responsibility of child and communication.

With respect to goals and expectations, parents are finding it difficult to decide on appropriate levels of independence to allow children. They feel that they need more information in order to help their children accept responsibility and make decisions. With respect to the major category of communication, parents find their children's listening habits upsetting.

Needs/Concerns of Parents of Children Age 9.

Parents of EMH children age nine are expressing needs/concerns in three major categories. These include the major categories of guidance, communication and home and school relations.

In the area of guidance, parents are dissatisfied by the way their children resolve conflicts. With respect to communication, they are experiencing frustration with the children's apparent inability to sustain attention and remember. Further, the parents feel that they need more information about academic requirements and teacher expectations.

Needs/Concerns of Parents of Children Age 10.

Parents of EMH children age 10 are expressing need/concerns in five major categories. These include the major categories of home and school relations, goals and expectations, responsibility of child, family relations, guidance and social relations.

In the area of home-school relations, parents are expressing the need for more information regarding academic requirements and teacher expectations. In terms of goals and expectations, parents feel they need more information about appropriate expectations related to child development and developing self-confidence in their children. Related perhaps to this is the need for more information with respect to developing a sense of responsibility and decision making in their children.

Conflict resolution is also an area of concern for parents. They are dissatisfied with the way their children resolve conflict and find sibling conflict both hard and frustrating to deal with. In addition, parents express a need for more information to help their children when experiencing difficulties with peers and peer relations.

Needs/Concerns of Parents of Children Age 11.

Parents of EMH children age 11, are expressing need/concerns in two major categories. These include the major categories of family relations and guidance. In both categories the need/concerns have to do with conflict resolution. The parents are dissatisfied with how their children manage conflict and find sibling conflict a problem.

Needs/Concerns of Parents of Children Age 12.

Parents of EMH children age 12, are expressing needs/concerns in six major categories. These include the major categories of home and school relations, communication, goals and expectations, guidance, social relations and responsibility of the child. With respect to home and school relations, parents are expressing need for more information about academic requirements and teacher expectations, and strategies for helping their children develop study habits. In the area of communication, parents are frustrated by their children's listening habits and by their apparent short attention spans and memory. They are also frustrated by how the children accept responsibility and make decisions. Perhaps related to this, is that parents are both finding it hard to accept the way their children act related to age, and their feeling that they need to know more about appropriate expectations related to child development, and difficulty in deciding on appropriate levels of independence to allow children. They also feel that they need more information about developing self-confidence in their children.

With respect to the major category of guidance, parents are finding it hard and need more information about making and keeping fair rules for their children. In addition they are dissatisfied by the way in which their children resolve conflict. In the area of social relations, parents feel they need more information in order to help their children with peer relations and problems with peers.

The needs/concerns of parents of children age 7-12 inclusive are summarized on Table 5.6.

Table 5.6

Areas of Parental Concern/Need
Identified by Parent Respondents
Rank Ordered by Child Age

	7	8	9	10	11	12
managing conflict	1		1	7	1	6
developing responsibility	5	3		4		9
teacher expectations	6		3	3		13
expectations re: child	2			5		4
listening habits	4	1				1
attention and memory	8		2			12
sibling relations	3,10			6,9	2	
peer relations	7			8		11
developing study habits	9			2		2
developing self-confidence				1		5
independence re: child		2				8
accepting how child acts						3
making and keeping fair rules						7,10

A fairly consistent need/concern for all parents is in the major category of guidance, more specifically managing conflict. Parents of children of every age, except age 8, indicate dissatisfaction with how their children handle arguments. Sibling conflict is also a recurring need/concern for parents. A second theme, which is a recurrent issue for parents, is in the major category of responsibility of the child. More specifically parents of children ages 7, 8 & 9 are expressing a need for more information in order to more effectively help their children accept responsibility and make decisions; parents of children age 12 indicate that they are frustrated by how their children accept responsibility and make decisions. Related to this is a third theme, in the major category of goals and expectations, more specifically issues related to child development and appropriate parental expectations with respect to child behavior and autonomy. Parents are also expressing a recurring area of need/concern in the major category of communication, more specifically with children's apparent inability to sustain attention and remember and listening habits. A fifth theme of need and concern which recurs is in the major category of home and school relations . Parents are expressing the need to know more about teacher expectations and academic requirements, and parents of both 7 and 12 year olds express a need to know more about effective strategies to develop study habits. A final recurring theme of parent need/concern is in the major category of social relations. Parents are expressing

a need to know how to more effectively help their children when they experience difficulty with peers and peer relations.

In addition to the recurring themes of parent need/concerns, it is important to note that parents of children ages 7, 10 and 12 are expressing more areas of need/concern than parents of children of other ages. These ages mark transition points for EMH children in terms of school placement.

Question 2 - What are the expressed strengths of parents of Educable Mentally Handicapped Children?

Parents were quite consistent across children's ages in the strengths/potentials that they identified themselves as having. Thus, in the discussion of parents' strengths/potentials, the focus will first be on the strengths identified by all parents and then differences in strengths/potentials for parents of children of different ages will be presented. Table 5.7 provides the rank order of item mean scores reflecting areas of strength/potential. A listing of the specific items in full is found in Appendix B.

All parents identified strengths/potentials in the major categories of family relations, social relations, communication, responsibility of child and morals and ethics. With respect to family relations, all of the parents, regardless of the age of their children, indicated that they found caring for their children satisfying, and felt that they were successful in this aspect of parenting. Parents of children ages 7, 8, 10, 11 reported as a strength/potential enjoying being with their children, parents of

Table 5.7

RANK ORDER OF ITEM MEAN SCORES REFLECTING STRENGTHS/POTENTIALS

AGE 7			AGE 8			AGE 9			AGE 10			AGE 11			AGE 12		
Suc	1	3.5	Sat	1	3.5	Suc	6	3.5	HT	8	3.5	Sat	6	3.5	Suc	3	3.6
Diff	4	3.5	Suc	2	3.5	HT	4	3.5	Suc	4	3.5	Suc	5	3.5	Suc	5	3.6
Suc	8	3.6	Suc	8	3.5	HT	8	3.5	HT	5	3.5	HT	7	3.6	Suc	4	3.7
HT	4	3.6	HT	4	3.5	Suc	5	3.5	Sat	9	3.6	Suc	6	3.6	Suc	8	3.7
Sat	6	3.6	Sat	9	3.6	HT	1	3.5	HT	2	3.7	HT	4	3.6	HT	4	3.7
Suc	4	3.6	HT	7	3.6	HT	9	3.5	HT	3	3.7	HT	5	3.6	HT	6	3.7
Sat	8	3.7	Suc	1	3.6	Suc	1	3.6	HT	9	3.7	Sat	9	3.7	HT	7	3.7
HT	9	3.7	HT	5	3.6	Suc	8	3.6	Sat	8	3.7	Suc	8	3.7	HT	10	3.7
Sat	9	3.8	HT	9	3.6	Diff	4	3.6	HT	6	3.9	Diff	4	3.7	Sat	8	3.9
HT	1	3.8	Suc	4	3.7	Suc	4	3.7				HT	1	3.7	Suc	1	3.9
HT	2	3.8	HT	3	3.7	HT	2	3.7				HT	9	3.7	HT	1	3.9
HT	5	3.8	HT	2	3.7	HT	5	3.7				Suc	1	3.8	HT	5	3.9
HT	3	3.9	Sat	8	3.8	Sat	8	3.7				Suc	4	3.8	HT	8	3.9
HT	6	3.9	HT	1	3.8	HT	6	3.7				HT	8	3.8	HT	9	3.9
HT	8	3.9	HT	6	3.9	HT	3	3.8				Sat	8	3.9	HT	2	4
			HT	8	3.9							HT	2	3.9	HT	3	4
												HT	6	3.9			
												HT	3	3.9			

LEGEND

Suc - Success
Diff - Difficulty
HT - Home Teaching
Sat - Satisfaction

children age 12, indicated they they felt they were successful in finding time to be with their children.

In the major category of social relations, all of the parents, regardless of the age of the child, identified as an important task of parenting, developing social skills and empathy for others in children.

With respect to communication, all of the parents identified as an important task of parenting, helping the child develop listening skills and the ability to follow directions. In addition parents of children ages 7 and 11 indicated that they enjoyed discussing feelings and ideas with their children.

In the major category of responsibility of child, all of the parents identified as an important task of parenting, developing respect for the rights and property of others. With respect to the major category of morals and ethics, developing a sense of right and wrong in their children was identified as an important task of parenting.

With respect to the major category of home-school relations all parents, which the exception of parents of children age 10, felt that they were successful in establishing and maintaining positive relations with their children teachers. As well, with the exception of parents of children age 10, parents of children of all other ages identified motivating the child for academic success and reinforcement of academic skills as important tasks of parenting.

In the major category of goals and expectations, only parents of children age 10 did not identify as an important task of parenting, fostering the growth of self-confidence in their children. As well, parents of children ages 7, 8, 9, and 12 but not 10 and 11 indicated that they felt they were successful in developing habits in their children which were congruent with good health.

With respect to the major category of guidance, parents of children ages 9 and 11 felt that they were successful at making and keeping fair rules for their children. Parents of children age 12 identified the development of appropriate strategies for conflict resolution as an important task of parenting.

Within the major category of Leisure, allowing children to enjoy free time was indicated by parents as an area of strength. Parents of children ages 9, 11 and 12 indicated that they felt they were good at and successful in allowing their children to enjoy free time.

As indicated by the index of potentials score, and by the rank ordering of strengths/potentials items with mean scores of 3.5 and over, of this population of parents has a positive perception of the parental role. They identify strongly with the tasks of parenting measured on by the home-teaching subset, particularly in the areas of social relations, morals and ethics, responsibility of child, communication, and home-school relations. The areas of strengths/potentials identified by parents of children ages 7-12 inclusive are summarized on Table 5.8

Table 5.8

Areas of Parental Strength/Potential
Identified by Parent Respondents
Rank Ordered by Child Age

	7	8	9	10	11	12
caring for children	9,10,14	4,7	3,6,7	2,8	4,6,10	8,14
helping with homework	6	3	11		9	6
respecting others	3	6	1	6	1	1
developing sense of right & wrong	2	2	2	[illegible]	2	11
listening and following directions	4	9	4	3	13	5
teaching social skills	5,8	5,8	5,10	5,7	3,8	2,3
parent-teacher relations	15	10	9		7	7
motivating academic achievement	1	1,15	13	1	5	4
enjoying family companionship	7	12		4	12	16
developing healthy habits	13	14	8		11	13
encouraging leisure activities			12		17	15
making and keeping fair rules			15		15	
managing conflict						9
discussing feeling and ideas	11				18	
developing self-confidence	12	13	14		14	12
developing responsibility		11			16	10
proud of academic success		16				

Question 3 - How do the expressed needs of parents of EMH children compare with the needs of the population as identified by key informants?

This section will describe the needs of parents of EMH children as perceived by key informants. The comparison of the needs as expressed by parents and the needs identified by key informants will be discussed in Chapter 6.

Parent Needs/Concerns & Strengths/Potentials Identified by Key Informants

The needs and strengths of parents of EMH children were also identified by key informants on a questionnaire. The key informant respondents included principals of schools with elementary opportunity classrooms and elementary opportunity classroom teachers. Open-ended questions corresponded with the subsets on the parent questionnaire, with the exception of parent information needs. This issue was addressed by two questions, one regarding parent information needs and a second asking which one thing about childrearing key informants would most like parents to understand better.

Parent Needs/Concerns.

Key informants' perceptions of parents' needs/concerns fell into 5 major categories. When priorized by frequency of response these were: guidance, goals and expectations, home-school relations, social relations and responsibility of child.

With respect to the major category of guidance, key informants indicated that they perceive parents as having needs/concerns in dealing with their children's behavior and discipline. It is seen as a source of frustration and difficulty for the parents, and as well, an area in which parents need to develop both knowledge and understanding.

Goals and expectations is a second major category of needs/concerns perceived by key informants. More specifically, that parents are upset by and have difficulty accepting their children's handicap. Further, key informants indicate that parents need more information about and an understanding of child development in order to accept the child as he/she is.

A third category of parent needs/concerns indicated by key informant responses was in the area of home-school relations. Parent needs/concerns fell into two subcategories. Key informants indicated that parents are upset by special education placement, feel that they need more information about placement and academic requirements and would like the parents to develop a better understanding of the purpose of special education placement. Second, key informants perceived parents as having difficulty in taking pride in their children's academic achievement and as well in reinforcing academic skills. In addition, key informants would like parents to develop an understanding of how to motivate their children.

Social relations is a fourth category of parent needs/concerns perceived by key informants. More specifically, key

informants feel that parents need more information in order to be more effective in helping their children develop and maintain peer relationships and empathy.

The fifth category of parent need/concerns identified by key informants is responsibility of the child. More specifically, key informants would like parents to develop a better understanding of strategies for developing a source of responsibility in the child for behavior and decisions.

Parent Strengths/Potentials.

Parent strengths/potentials identified by key informants fell into 3 major categories. When priorized by frequency of response these are: home-school relations, family relations and goals and expectations.

With respect to the area of home-school relations, key informants perceived parents as experiencing satisfaction and being good at taking pride in their children's academic achievements. In addition, parents were seen as deriving satisfaction from and some success in maintaining positive relations with the school.

A second major category of parent strength/potential perceived by key informants was in the area of family relations. Parents were frequently perceived by key informants as good at providing care for their children.

Goals and expectations was the third category identified as an area of parent strength/potential. Key informants perceived

parents as successful in accepting their children as they are and in developing habits congruent with good health.

Two major categories were identified by key informants as important tasks of parenting. Social relations, more specifically helping children develop social skills, peer relations and an empathy for others, were considered areas of child learning that should be the responsibility of parents to teach. In addition motivating children for academic success and enhancing academic learning through reading to the children, providing enriching experiences and helping with homework were considered by key informants to be parental responsibilities.

Finally, 28 percent of the responding key informants indicated that the parents demonstrated, in their view, no areas of success or satisfaction, or were unable to name any areas of success or satisfaction for parents. However, it should be noted that the general context in which parents and teachers interact may not be one conducive to parental disclosure of areas of satisfaction or success. Rather, the content of interactions may be related primarily to issues of concern and problems that the child is experiencing in the academic environment.

As can be seen from the preceding discussion of parent need/concerns and strengths/potentials as perceived by key informants, some issues overlap in both areas. The issues identified both as strengths/potentials and needs/concerns include: motivating children, reinforcing academic learning, taking pride in academic

accomplishments, and helping children develop and maintain peer relations and empathy for others.

Initially this may be interpreted as contradictory. However, one can also conclude that these are viewed as areas of high priority by key informants. Further, that key informants are acknowledging that these are very difficult issues for parents. While some parents are achieving a degree of success, in order to continue doing so and indeed to increase effectiveness, parents would benefit from additional information and skill development.

Awareness of Programs and Services

In addition to the three questions which provided the focus for this study, one further objective was addressed. This objective was to determine which programs and services for parents of EMH children were parents and key informants aware of, and which did they make use of.

Parents.

Parents were also asked a number of questions regarding parent education and sources of support or help that they have access to, when they have concerns about parenting. With respect to parent education programs, 25 percent of the parents reported having attended a parent education program. Community Behavioral Services was the most often cited followed by courses offered to parents at the Glenrose School Hospital, Social Services and the Family Life Education Center.

Thirty four percent of the parents indicated that they were aware of programs and services for parents. A variety of sources for programs and services were cited. These are summarized below.

Table 5.9

Programs and Services for Parents

Identified by Parent Respondents

	Number of Mentions N=19 (multiple responses)
Community Behavioral Services	4
Social Services	5
Gateway	4
Family Life Education Center	3
Psychologists	3
Handicapped Children's Services	2
Edmonton Association for Children & Adults with learning disabilities	3
PIPE	1
Canadian Mental Health Association	1
University of Alberta/Grant McEwan	1

Fifteen percent of the parents indicated that they belonged to parent groups or organizations. However, only 11 respondents named them. Those identified included the Edmonton Association for Children and Adults with Learning Disabilities, Gateway and Community

Behavioural Services parent support group. One parent indicated that a parents' group was being formed at the school.

The sources of information and support related to childrearing concerns which were mentioned by parents in their responses to the question "When you have concerns or questions about parenting, where do you go for help" are summarized below:

Table 5.10

Sources of Support as Reported by Parents

(multiple responses possible)

	%		%
Relatives	52	Books	27
Friends	42	Magazines	18
Teacher	42	Television	19
Public Health Nurses	13	No Where	10
Doctor	42	Other	21

Those respondents that indicated "other" were requested to list the other sources of support. These are summarized below.

Table 5.11

Additional Sources of Support Reported by Parents

	Number of Mentions
Parenting Course	5
Psych/Counsellor	3
Community Behavioral Services	1
Edmonton School for Autism	1
Social Worker	1
Bible/Pastor	2

Key Informants.

Key informants were asked a number of questions with respect to parent education programs. Forty-two percent felt that parents would participate in a no charge parent education program, if topics of interest to them were covered. Forty-three percent felt that some would participate, 5 percent indicated that they didn't feel parents would participate and 10 percent didn't know. Comments indicated that factors such as location, availability of child care, timing of such a program and parents limited time may be important.

With respect to program methods, key informants indicated that small discussion groups were favoured with guest lectures, audio-visual presentations and role playing techniques being useful supplementary techniques. Home visits, providing one to one support and instruction were also suggested. An approach involving both parents and children together won some support.

When asked about teacher involvement in parent education, key informants viewed their role as a source of information about referral to services for parents. Some however felt that it would be appropriate for teachers to act as advisors and resource personnel to program planners in both planning and delivering programs. Teachers, counsellors and psychologists were considered to be the best choices for providing parent education.

In addition, this study was concerned with awareness of and referral to services by key informants. Sixty-two percent of the key

informants were not aware of any programs or services for parents of EMH students. Twenty-four percent were aware of Community Behavioural Services, Edmonton Public School Board Crisis Center was mentioned, as well as Social Services. Seventy-six percent of the key informants indicated that, when approached by parents regarding difficulties in parenting they referred them to others. Fifty-two percent referred parents to school counsellors, school system psychologists or social workers. Thirty-three percent referred parents to Social Services, Ten percent referred parents to Community Behavioral Services or Community Health. The University of Alberta and doctors were also mentioned.

Key informants may well have a greater awareness of programs and services available to parents than is indicated by their responses to this question. A serious limitation of the question was that it focused on programs and services specifically for parents of EMH children, rather than on general parent programs and services.

Summary

The parent respondents in this study expressed needs/concerns which could be addressed by parent education programming. While some issues of need/concern are apparent for parents of children of all ages, other issues decline and emerge depending upon the age of the children. It is interesting to note that parents of children ages 7, 10, and 12 expressed more areas of need/concern than parents of children of other ages. These ages mark transition points for EMH children with respect to school placement.

The parent respondents were quite consistent across children's ages in the strength/potentials that they identified themselves as having.

While some issues are indicated by parents as both areas of need/concerns and strength/potential, this may well be as a result of the parents' awareness of the importance and difficulty of dealing with these particular issues.

Information regarding parents' needs/concerns and strengths/potentials derived from the key informant responses was largely confirmed of the issues indicated by the parent respondents. However, an important area of difference is with respect to the parents' acceptance of the child. Key informants indicate that this is an area of need/concern for parents while parents express a recurring need for more information regarding appropriate expectations for their children. Only parents of children aged 12 indicate they are experiencing difficulty in accepting how the child acts.

In the end result, then, it would appear that there are areas which could be addressed by parent education programming, either to assist in expressed needs/concerns or to enhance performance in areas which are identified as being important and difficult, even if the parents do not see themselves as performing these tasks inadequately at this stage.

CHAPTER 6

Discussion

This chapter will include a brief discussion of the relevance and importance of need identification and assessment in the program planning process. In addition the results are discussed with particular emphasis on the program planning implications and priorities evident from these results.

Need Identification/Assessment and Program Planning

Without need identification and assessment, program planning is based on the intuition of planners. While these intuitions and perceptions of need may be accurate, the human service area is rift with well planned and developed programs that have failed because they did not address the real educational needs of the target population. By identifying the "situation specific" needs of the target population, programs can be made more relevant and possibly more effective.

Most authors agree that a comprehensive understanding of the needs of the selected population is achieved through multiple approaches. In this study, information was sought about strengths and needs from the parents, from educators with ongoing contact with the parents (both discussed in Chapter 5) and from the literature (discussed in Chapter 3).

In passing, it is important to note at this juncture that while the parents have been asked to express their feelings about their needs and strengths, they have done so within a framework

imposed by the items on the questionnaire. This is not the same as having parents simply state needs. Rather, the framework has been imposed from outside.

In effect this means that the methodological approach in this study has focused on "outsider's" perspectives of parental role functioning. The context (being the questionnaires) and the rules by which parents and educators were to operate in that context were established by the study (Sigafoos & Reiss, 1985). It is entirely possible that given a different context and set of rules, different information would emerge. Thus the importance is established for a clear definition of what is meant by need and need identification in the study, and in addition, of collecting data from multiple sources. When different sources provide similar information regarding parent needs, the credibility of the information is strengthened. Further, when need, and need identification and assessment are clearly defined, the boundaries of the research become more clearly delineated.

For purposes of program planning it is generally accepted practice to work from strengths to address needs. The focus of the need identification and assessment, and of this chapter, have been consistent with this approach.

"Need" was defined in the study as a gap between what is now and what would be desirable in terms of proficiency, performance or situation (Price, 1982). This definition was purposely chosen as it has the advantage of not approaching need as a deficit, deficiency,

or lack of skill, but rather of approaching need from the focus of identifying areas for potential change and growth.

Similarly, the definition of need identification and assessment which guided this study also struck a positive stance, in that equal importance was given for the purpose of the identification of need to prevent or remediate problems, or enhance some aspect of the population's lives. This is congruent with family life education, which is an area of adult education both preventative and enriching in philosophy.

Discussion of Results

Some of the results stand out as particularly relevant from a program planning perspective. These are:

1) Parents identify strongly with the parental role and tasks of parenting.

2) Parents express a strong interest in the education of their children.

This section will include a discussion of each of these key findings. Results were considered to be particularly relevant for program planning purposes when support for them was found from multiple sources of information: parents, educators and the literature, regarding parent needs.

Immediately apparent from a review of the results of this study is that this population of parents has a generally positive perception of parenting. They have a strong identification with parenting tasks, feel successful accomplishing them, and derive satisfaction from them. While needs become apparent, in particular

when items are rank ordered by child's age, the parents' index of concern score indicated that they were not overwhelmed by needs. In other words, they are not finding the experience of parenthood more negative than positive. It would appear that while they are experiencing some frustration and finding some things difficult, they are not so discouraged by this to give up. In fact expressing a need for more information to help them function more effectively may be a positive factor in itself.

The respondents in this study indicated that their childrens' education was an area of high priority for them. More specifically they identified as important tasks of parenting, motivating their children for academic achievement and reinforcing academic learning. Educators also indicated that these are important tasks of parenting but were more ambivalent than were the parents on their relative success. While educators agreed with parents that an important source of satisfaction for parents was their childrens' academic achievement, some indicated that they felt parents were not effective in motivating children for learning nor in enhancing academic learning. It is important also to note that the parent respondents have expressed uncertainty about teacher expectations for their children.

Further, many parents of children at all ages within the study indicated that parent/teacher relationships was an area of success or strength for them. While educators felt parents derived

satisfaction from positive parent/teacher relationships, fewer of them felt that the parents actually succeeded.

The literature stresses the importance of a good parent/professional relationship resulting in a team approach to educational intervention for children. Following an in-depth survey of the effects of a variety of intervention programs, some with and some without parent involvement, Bronfenbrenner (1974, cited in Fine, 1980, P. 204) concluded:

> "The evidence indicates that the family is the most effective and economical system for fostering and sustaining the development of the child. The evidence indicates further that the involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement, any effects of intervention, at least in the cognitive sphere, are likely to be ephemeral, to appear to erode rapidly once the program ends. In contrast the involvement of the parents as partners in the enterprise provides an ongoing system which can reinforce the effects of the program while it is in operation and help sustain them after the program ends."

The potential benefit of parental involvement both to the child and the educational intervention or program itself is well supported in the literature. Further, the literature (Fine, 1980, Lillie, 1981, Turnbull & Strickland, 1981) indicates that it is incumbent upon special educators to assure that parents become involved in a meaningful way in their child's educational program.

In the United States, this parent involvement is mandated by law. In Canada, more particularly in Edmonton, parent involvement in child education is a voluntary relationship with the educational system. Thus, educators are not required to involve parents in the development of educational programs for children. However, the

educator respondents in this study expressed the view that increased parental involvement in children's education is important.

The differing views of parents and educators with respect to parent/teacher relationships, parent's success in motivating children and enhancing academic learning, and as well, the parent's expressed need for more information with respect to teacher expectations, is an indication of an area of high priority for both parents and educators in need of strengthening. Parents and educators cannot work effectively as a team to enhance the growth and development of children if both do not understand the context and goals of the other. Another similar aspect of the problem is discussed later in this chapter under the heading of Generic Needs.

While it is perhaps incumbent upon special educators to involve parents in a meaningful way in their children's educational program, how is this to be achieved by teachers? The emphasis in teacher education programs is on teaching children, not working with parents. Educators are not systematically trained in strategies to work with parents. As well, traditionally, teacher contacts with parents are often in the area of needs/concerns, when there is a problem or deficiency in the child's conduct or performance.

Age Differences

The data indicated that there were some differences in the parents' perception of need based upon the age of the child. One could label these age specific needs. Three critical child ages can

be identified, being ages 7, 10 and 12. In addition, however, common needs cut across all age levels. One could term these generic needs.

Generic Needs

Certain needs were expressed by parents of children of all ages. These might be described as "generic parent needs" or those general needs of parents which cut across age differences in children. In so saying however, it must be noted that the content of these needs are not identical for parents of children of all ages, even if described in the same terms. For example, a concern expressed by a parent with respect to the appropriate degree of responsibility for a 7 year old is not identical to the same concern expressed with respect to a 12 year old. Different approaches may be called for to meet that need. However, from the perspective of program planning in parent education, it does mean that topics that appear for each age level could "be introduced incrementally, building on previous learnings" (Strom, 1985 p. 166).

Further, the literature indicates that adjustment to a child with a handicap may be an ongoing process and that there may be a need for recurrent counselling or programming for parents of EMH children. The results of this study support these concepts through the identification of generic needs.

One generic need or concern identified was in the area of expectations, which has a dual aspect. One aspect is related to parents' expectations for their children or with respect to their children, and the other is related to the parents' need to know more

about the teachers' expectations both of the children and of the parents themselves.

An area of need/concern identified by parents was the formation of appropriate expectations with respect to child behavior and with respect to appropriate degrees and areas of child responsibiliyy and independence. Such areas as the child's ability to manage conflict appropriately, and the development of the child's academic skills, including listening habits, attention span, and memory, were frequently identified. Parents consistently expressed a need for more information to help their children accept responsibility, make decisions, and achieve academically. Educators expressed the view that parents do not accept their children as they are, and reitterated the need for more parental information to assist parents in forming appropriate expectations.

The corollary of this, and the other portion of the dual nature of expectations, is the need identified by parents for more information related to the teacher's expectation of their children. Educators identified this as a need as well, and as mentioned earlier, it is an area of need also identified in the literature.

It is not surprising that parents indicated a need for information to help them form appropriate expectations of and for their children. Indeed, judging from the literature on parents of handicapped children, this is a predictable need for parents of EMH children. With the diagnosis of handicap, parents are confronted with a known child but in a new framework with unknown parameters. EMH is

an ambiguous handicap, and limitations of the child cannot always be clearly defined. Further, parents may have many misconceptions regarding mental handicap which need to be dispelled in order to facilitate the development of appropriate expectations.

School entry of the oldest child is a critical role transition event for the family requiring role making on the part of the children and parents. It is important to note that 45 percent of the children referred to in the study are eldest children. For families of EMH children school entry does not occur in a normative fashion. It is most often at this point, that diagnosis of EMH occurs, and special class placement is recommended. The literature identifies both diagnosis of EMH and special class placement as predictable potential crises for parents. With diagnosis of handicap and special class placement the future, both for the child and his/her education, may not seem predictable. Thus, the need expressed by the parent respondents in this study for more information about teacher expectations appears both understandable and important to address through some medium.

A second generic need or concern identified by both parents and teachers was the area of managing conflict. This included identifying coping strategies for managing conflict between parents and children, and between children and their siblings or peers. While both key informants and the literature identified as a related need of parents information and skill development with respect to discipline

literature in this regard, parents did not report discipline as an issue until their children were in the 12 year old age group.

It is possible that the different views of parents and teachers on this item can be explained by the different context in which parents and teachers interact with children, while both are likely related to the behaviours which are characteristic of EMH children. Because of attentional and behavioural disorders, EMH children often have difficulty adapting to the structure imposed by a classroom. The behavioural requirements would become most apparent in the classroom setting. Hence, the perception of educators of discipline being an important issue.

The ability of EMH children to manage conflict is related to a third generic need indicated by parents. This is the area of social skills. Parents and educators indicated that the development of social skills was an issue of high priority, and specifically peer relations was an area that parents need more information about in order to more effectively develop skills in their children.

Deficits in adaptive behaviour, or the way an individual functions in a social environment, is a criterion for classification as EMH. Thus, it is predictable that EMH children in special education classes may well demonstrate deficits in interpersonal social skills, including conflict management and the development and maintenance of friendships. The literature on social competence and friendship indicates that EMH children almost always occupy inferior social positions within regular school and classroom settings.

Sociometric outcome research indicates that EMH children tend to be significantly less accepted and more rejected that non retarded peers. It is suggested by some writers (Goodman, Gottlieb and Harrison, 1972; Gottlieb and Budoff, 1973; Taylor, 1982) that the EMH child's poor social status may be related to maladaptive behavioral characteristics. In addition, a picture of the EMH child emerged from the literature as one who is socially isolated, socially inactive and excessively conforming in a structured classroom setting, but who often demonstrates inappropriate and antisocial behavior in less structured school settings, such as the lunchroom or playground. Generally while research indicates that social competence is problematic for EMH children, a limitation is the underlying assumption that interpersonal competence in peer relations can be conceptualized in terms of a single global dimension of prosocial vs. antisocial behavior. It is likely that the factors contributing to the social status of mentally handicapped children are more subtle, complex and varied. Research from a social skills-deficit approach has produced insight into the reasons some children lack friends. Asher & Renshaw (1981) hypothesize that children without friends are prevented from establishing peer relationships by their own lack of social skills. Research concerned with the social competence of EMH children is supportive of the social skill-deficit perspective. EMH children may not learn the necessary skills for making friends because of problems in incidental learning, inadequate language skills, or any number of other difficulties including inappropriate interpersonal

behavior. It may well be necessary to provide direct instruction within the classroom setting, in social skills as an alternative to relying on the incidental learning of these skills. (Gottlieb & Leyser 1981).

EMH children often experience extraordinary difficulties in developing appropriate social skills for different contexts. Both parents and educators indicated as an area of high priority the development of social skills, including conflict management and appropriate behaviour. Thus programming for parents of EMH children should include a component related to increased knowledge about and strategies for developing social skills, particularly friendship skills in EMH children.

Age Specific Needs

The data indicated that in addition to generic needs, there are some differences in the parents' perception of areas of need based upon the age of the child. While some needs of parents do not emerge until age 10 or 12, a program which emphasizes both satisfaction and problem prevention through readiness for predictable problems can address issues before they become concerns. The acquisition of skills and attitudes requires practice and opportunities for reflection. It can be very difficult to learn new techniques when embroiled in crisis (Strom, 1985).

In addition to the generic needs previously discussed, parents of children aged 12 expressed a number of emerging needs. These include difficulty in accepting how their child acts at this

age, difficulty and a need for more information about making and keeping fair rules, a need for more information with respect to appropriate degrees of independence, and a need to enhance the growth of self-confidence.

Parents of EMH children aged 12 are confronted with the progression from childhood to adolescence. While the transition from childhood to adolescence may be problematic for many families generally, it may be a doubly difficult transition for parents of a handicapped child. Adolescence is a normative developmental stage. However, for parents of EMH children, the transition to this stage may be accompanied by uncertainty with respect to expectations, and a resurrection of disappointment. In addition, strategies which may have been quite adaptive when the child was younger may present inadequecies now both to the parents and their children. That the parents of children aged 12 expressed difficulty in accepting how their child presently acts may be an indication of the lack of congruence between the child as he/she is and expectations and hopes on the part of the parents.

Program Planning Implications

With respect to delineating program planning implications and priorities from the above information, it is again argued that one should start with strengths. A focus solely on need places an emphasis on failure. The parents with whom this study is concerned have a positive perception of their performance of the parental role. A program should emphasize this and focus on growth first, rather than

focusing on deficits, which in turn may foster a sense of inadequacy. Parents feel positive about the parental role and are interested in their children's education, and thus a program with a focus on enhancement would begin with the strengths to address needs.

The following recommendations with respect to program planning for parents of EMH children are made:

1) The child age data suggests that the population of parents of elementary EMH children should be divided into two groups for the purposes of programming. Programs should be timed for educational transition points. Thus programming should be undertaken for parents of children in primary opportunity classes and for parents of children in junior opportunity classes. While both groups expressed the same generic needs, the content of these needs differ. In addition, parents of children aged 10 to 12 expressed some age specific needs, which programming for them should address.

2) This need identification and assessment identified some generic needs which should provide content focus for both groupings. These include:

i) Information with respect to the nature and magnitude of mild mental handicap and child development, to assist in the development of appropriate expectations;

ii) Information concerning special education placement;

iii) Information related to the school and teacher's expectations and requirements with a view to enhancing the concept of a team approach addressing the child's

learning needs, and making the parents both feel and become an integrated part of the educational team;

iv) Assistance to parents to develop specific strategies to enhance and reinforce academic learning;

v) Development of knowledge and specific strategies for enhancing the development of social skills in children.

In addition, programming for parents of children aged 10 through 12 should focus on:

vi) Strategies for effective discipline;

vii) Strategies to foster the growth of self-confidence in children.

Furthermore it appears that educators have some information needs which should be addressed by some variety of programming. Because educators, particularly classroom teachers, are professionals with ongoing contact with both parents and EMH children, it is important that they be both knowledgeable about families and understand the potential life long impact a handicapped child can have on families. Educators, like the medical and social welfare personnel, recognize the importance of the family in interventions. Unless, however, teachers are provided with both support and the opportunity to develop knowledge of services and strategies to effectively involve parents in the education of their children, it is very difficult for them to do so.

Further, both parents and educators indicate a limited awareness of programs and services available for parents. Caution

must be exercised here in that the questions focused on programs and services specifically for parents of EMH children. In some ways, though, the generic needs of parents of EMH children are similar to the general needs of parents of children without handicapping conditions.

Program planning is a dynamic process which operates in a cultural and social mileu. While the data discussed here gives one picture and ideas for program planning, they are not formal rules. Schools, teachers and parents want the best for children. They have the same "agenda" but they may go about it in different ways. The more we know about needs/strengths, similarities and discrepancies the better able we are to accomplish common goals.

Limitations of the Study

There are certain limitations associated with most research. One limitation of this study is the failure to use a broader range of key informants. It would have been useful to have their perceptions related to parent strengths and needs both from school counsellors and personnel from services to which parents are referred.

Another limitation was the specific nature of the questions regarding programs and services for parents. It would be useful to have information regarding awareness of programs and services for parents generally.

A third and the most serious limitation of this study was the restricted access to the target population. The inability to make

direct contact with the population for follow up purposes, possibly meant a higher rate of missed responses than would necessarily have occurred had direct contact been possible. While 59 percent of the population responded to the survey, 41 percent did not. It is possible that had that 41 percent responded, the results of the study would have been different.

A fourth limitation of the study is that the data analysis did not examine sub groups of parents within the population. By splitting the data by parent and family characteristics as well as by child age, it is possible that groups of parents experiencing either more need/concerns or strengths/potentials would have emerged.

Recommendations for Future Research

1) The Parental Strengths and Needs Inventory is an extremely useful instrument, the potential of which has just begun to be explored through this study. There are a number of other ways in which this instrument can be used. A companion instrument for children 7 to 11 and 12 to 18 has also been developed. By having both parents and children complete the questionnaires, parenting profiles could be developed to provide feedback to parents and to facilitate the development of individual parent objectives as well as group objectives for program planning. Further, this instrument could be used for pre and post measures of parental strengths and needs in order to evaluate the effectiveness of parent education programs.

2) It would be useful to survey other local populations of parents in order to determine similarities and differences in parental strengths and needs.

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APPENDIX A

Percentage Analysis of Parent Subjects' Responses to Individual Items on the PSNI

Item Analysis Percentage Response of 130 subjects to Parent Strengths & Needs Inventory.

Satisfaction Subscale	Percentage Response			
	Always	Often	Seldom	Never
1. I like how well my child does in school	43.4	46.5	10.1	0
2. I like the self confidence shown by my child	34.1	49.2	16.7	0
3. I like the way my child acts at this age	7.1	62.7	27.8	2.4
4. I like to play with my child	38.8	45	15.5	.8
5. I like the way my child spends free time	23.3	61.2	15.5	0
6. I like to discuss feelings and ideas with my child	49.9	40.9	9.4	0
7. I like the way my child can do things without held	31.0	53.5	14.7	.8
8. I like taking care of my child	76.0	22.5	1.6	0
9. I like to be with my child when we go places together	59.7	34.1	6.2	0
10. I like the way my child handles arguments	8.5	35.7	45.7	10.1

Success Subscale	Percentage Response			
	Always	Often	Seldom	Never
11. I am good at getting along with my child's teachers	65.1	31.0	3.9	0
12. I am good at helping my child do his best in school	39.5	52.7	7.8	0
13. I am good at finding time to be with my child	32.0	57.0	10.9	0
14. I am good at taking care of my child	69.0	28.7	2.3	0

15. I am good at letting my child enjoy free time	44.5	53.1	2.3	0
16. I am good at keeping fair rules for my child	42.2	53.1	4.7	0
17. I am good at showing my child how to act like an adult	32.0	54.7	10.2	3.1
18. I am good at teaching my child how to be healthy	57.4	41.9	.8	0
19. I am good at discussing feelings and ideas with my child	44.2	48.1	7.0	.8
20. I am good at teaching my child how to handle arguments	24.2	57.0	17.2	1.6

Home Teaching Subscale	Percentage Response			
	Always	Often	Seldom	Never
21. I try to help my child with homework when he/she needs it	65.1	30.2	4.7	0
22. I try to help my child use good manners	72.1	27.1	.8	0
23. I try to help my child respect the rights and property of others	78.3	21.7	0	0
24. I try to help my child develop self confidence	54.7	43.0	2.3	0
25. I try to help my child listen carefully and follow directions	65.9	31.8	2.3	0
26. I try to help my child know right from wrong	82.9	16.3	.8	0
27. I try to help my child accept responsibility and make decisions	53.9	41.4	4.7	0
28. I try to held my child want to do the best he can in school	73.6	24.0	2.3	0
29. I try to help my child care about other people's feelings	70.5	26.4	3.1	0

30. I try to help my child learn how to handle arguments	42.6	48.1	9.3	0

Difficulty Subscale	Percentage Response			
	Always	Often	Seldom	Never
31. It's hard for me to make and keep fair rules for my child	3.1	38.5	46.2	12.3
32. It's hard for me to find time to be with my child	.8	23.3	44.2	31.8
33. It's hard for me to help when my child has problems with other kids	3.1	17.1	48.8	31.0
34. It's hard for me to provide the care my child needs	4.7	7.0	28.7	59.7
35. It's hard for me to help my child accept responsibility and make decisions	3.9	20.3	45.3	30.5
36. It's hard for me when my children argue with each other	16.2	26.1	44.1	13.5
37. It's hard for me to accept the way my child act at this age	4.8	33.1	45.2	16.9
38. It's hard for me to decide how much freedom to allow my child	7.3	30.6	44.4	17.7
39. It's hard for me to discuss feelings and ideas with my child	2.4	16.9	39.5	41.1
40. Its hard for me to know how to handle television with my child	4.0	8.8	43.2	44.0

Frustration Subscale	Percentage Response			
	Always	Often	Seldom	Never
41. I am frustrated trying to make and keep fair rules for my child	4.0	24.6	49.2	22.2
42. I am frustrated when my children argue with each other	11.9	33.0	38.5	16.5

43. I am frustrated by how my child makes decisions and handles responsibility	5.6	28.8	48.0	17.6
44. I am frustrated by my child's listening habits	10.6	39	39.8	10.6
45. I am frustrated trying to find time to be with my child	4.0	17.6	38.4	40.0
46. I am frustrated trying to help when my child has problems with other kids	4.0	24.2	40.3	31.5
47. I am frustrated by how my child pays attention and remembers	11.2	28.8	44.0	16.0
48. I am frustrated by my child's speech habits	4.1	20.3	50.4	25.2
49. I am frustrated by how my child manages time	2.4	20.2	50	27.4
50. I am frustrated by my child's television habits	3.2	8.8	54.4	33.6

Information Needs Subscale	Percentage Response			
	Always	Often	Seldom	Never
51. I need to know more about how my child should act at this age	12	31.2	44.0	12.8
52. I need to know more about what my child's teachers expect	9.6	33.6	45.6	11.2
53. I need to know more about making and keeping fair rules for my child	9.6	21.6	47.2	21.6
54. I need to know more about helping my child handle problems with other kids	12.0	32.0	38.4	17.6
55. I need to know more about teaching my child health habits	4.8	18.4	42.4	34.4
56. I need to know more about discussing feeling and ideas with my child	6.4	20.0	43.2	30.4
57. I need to know more about helping my child feel self-confident	13.0	30.1	41.5	15.4

58. I need to know more about my child develop study habits	11.3	41.1	33.9	13.7
59. I need to kow more about helping my child accept responsibility and make decisions	13.6	27.2	46.4	12.8
60. I need to know more how television can be used wisely	5.6	17.7	37.9	38.7

APPENDIX B

Items Rank Ordered by Child Age Related to Parent's Need/Concerns and Strengths/Potentials

ITEMS BY CHILD'S AGE RELATED TO PARENT'S NEEDS/CONCERNS

AGE 7

Satisfaction	10	I like the way my child handles arguments.
Information Needs	1	I Need to know more about how my child should act at this age.
Difficulty	6	It's hard for me when my children argue with each other.
Frustration	4	I am frustrated by my child's listening habits.
Information Needs	9	I need to know more about helping my child accept responsibility and make decisions.
Information Needs	2	I need to know more about what my child's teachers expect.
Information Needs	4	I need to know more about helping my child handle problems with other kids.
Frustration	7	I am frustrated by how my child pays attention and remembers.
Information	8	I need to know more about helping my child develop study habits.
Frustration	2	I am frustrated when my children argue with each other.

AGE 8

Frustration	4	I am frustrated by my child's listening habits.
Difficulty	8	It's hard for me to decide how much freedom to allow my child.
Information Needs	9	I need to know more about helping my child accept responsibility and make decisions.

AGE 9

Satisfaction	10	I like the way my child handles arguments.
Frustration	7	I am frustrated by how my child pays attention and remembers.
Information Needs	2	I need to know more about what my child's teacher expects.

AGE 10

Information Needs	7	I need to know more about helping my child feel self-confident.
Information Needs	8	I need to know more about helping my child develop study habits.
Information Needs	2	I need to know more about what my child's teachers expect.
Information Needs	9	I need to know more about helping my child accept responsibility and make decisions.
Information Needs	1	I need to know more about how my child should act at this age.
Difficulty	6	It's hard for me when my children argue with each other.
Satisfaction	10	I like the way my child handles arguments.
Information Needs	4	I need to know more about helping my child handle problems with other kids.
Frustration	2	I am frustrated when my children argue with each other.

AGE 11

Satisfaction	10	I like the way my child handles arguments.
Difficulty	6	It's hard for me when my children argue with each other.

AGE 12

Frustration	4	I am frustrated by my child's listening habits.
Information Needs	8	I need to know more about helping my child develop study habits.
Difficulty	7	It's hard for me to accept the way my child acts at this age.
Information Needs	1	I need to know more about how my child should act at this age.
Information Needs	7	I need to know more about helping my child feel self-confident.
Satisfaction	10	I like the way my child handles arguments.
Difficulty	1	It's hard for me to make and keep fair rules for my child.
Difficulty	8	It's hard for me to decide how much freedom to allow my child.
Frustration	3	I am frustrated by how my child makes decisions and handles responsibility.
Information Needs	3	I need to know more about making and keeping fair rules for my child.
Information Needs	4	I need to know more about helping my child handle problems with other kids.
Frustration	7	I am frustrated by how my child pays attention and remembers.
Information Needs	2	I need to know more about what my child's teachers expect.

ITEMS BY CHILD'S AGE RELATED TO AREAS OF POTENTIAL/STRENGTHS

AGE 7

Success	1	I am good at getting along with my child's teachers.
Difficulty	4	It's hard for me to provide the care my child needs.
Success	8	I am good at teaching my child how to be healthy.
Home Teaching	4	I try to help my child develop self-confidence.
Satisfaction	8	I like to discuss feelings and ideas with my child.
Success	4	I am good at taking care of my child.
Satisfaction	8	I like taking care of my child.
Home Teaching	4	I try to held my child care about other people's feelings.
Satisfaction	9	I like to be with my child when we go places together.
Home Teaching	1	I try to help my child with homework when he/she needs it.
Home Teaching	2	I try to help my child use good manners.
Home Teaching	5	I try to help my child listen carefully and follow directions.
Home Teaching	3	I try to help my child respect the rights and property of others.
Home Teaching	6	I try to help my child know right from wrong.
Home Teaching	8	I try to help my child want to do the best he/she can in school.

AGE 8

Satisfaction	1	I like how well my child does in school.
Success	2	I am good at helping my child do the best he/she can in school.

Success	8	I am good at teaching my child how to be healthy.
Home Teaching	4	I try to help my child develop self-confidence.
Satisfaction	9	I like to be with my child when we go places together.
Home Teaching	7	I try to help my child accept responsibility and make decisions.
Success	1	I am good at getting along with my child's teachers.
Home Teaching	5	I try to help my child listen carefully and follow directions.
Home Teaching	9	I try to help my child care about other people's feelings.
Success	4	I am good at taking care of my child.
Home Teaching	3	I try to help my child respect the rights and property of others.
Home Teaching	2	I try to help my child use good manners.
Satisfaction	8	I like taking care of my child.
Home Teaching	1	I try to help my child with homework when he/she needs it.
Home Teaching	6	I try to help my child know right from wrong.
Home Teaching	8	I try to help my child want to do the best he/she can in school.

AGE 9

Success	6	I am good at making and keeping fair rules for my child.
Home Teaching	4	I try to help my child develop self-confidence.
Home Teaching	8	I try to help my child want to do the best he/she can in school.
Success	5	I am good at letting my child enjoy free time.
Home Teaching	1	I try to help my child with homework when he/she needs it.

Home Teaching	9	I try to help my child care about other people's feelings.
Success	1	I am good at getting along with my child's teachers.
Success	8	I am good at teaching my child how to be healthy.
Difficulty	4	It's hard for me to provide the care my child needs.
Success	4	I am good at taking care of my child.
Home Teaching	2	I try to help my child use good manners.
Home Teaching	5	I try to help my child listen carefully and follow directions.
Satisfaction	8	I like taking care of my child.
Home Teaching	6	I try to help my child know right from wrong.
Home Teaching	3	I try to help my child respect the rights and property of others.

AGE 10

Home Teaching	8	I try to help my child want to do the best he/she can in school.
Success	4	I am good at taking care of my child.
Home Teaching	5	I try to help my child listen carefully and follow directions.
Satisfaction	9	I like to be with my child when we go places together.
Home Teaching	2	I try to help my child use good manners.
Home Teaching	3	I try to help my child respect the rights and property of others.
Home Teaching	9	I try to help my child care about other people's feelings.
Satisfaction	8	I like taking care of my child.
Home Teaching	6	I try to help my child know right from wrong.

AGE 11

Satisfaction	6	I like to discuss feelings and ideas with my child.
Success	5	I am good at letting my child enjoy free time.
Home Teaching	7	I try to help my child accept responsibility and make decisions.
Success	6	I am good at making and keeping fair rules for my child.
Home Teaching	4	I try to help my child develop self-confidence.
Home Teaching	5	I try to help my child listen carefully and following directions.
Satisfaction	9	I like to be with my child when we go places together.
Success	8	I am good at teaching my child how to be healthy.
Difficulty	4	It's hard for me to provide the care my child needs.
Home Teaching	1	I try to help my child with homework when he/she needs it.
Home Teaching	9	I try to help my child care about other people's feelings.
Success	1	I am good at getting along with my child's teachers.
Success	4	I am good at taking care of my child.
Home Teaching	8	I try to help my child want to do the best he/she can in school.
Satisfaction	8	I like taking care of my child.
Home Teaching	2	I try to help my child use good manners.
Home Teaching	6	I try to help my child know right from wrong.
Home Teaching	3	I try to help my child respect the rights and property of others.

AGE 12

Success	3	I am good at finding time to be with my child.
Success	5	I am good at letting my child enjoy free time.
Success	4	I am good at taking care of my child.
Success	8	I am good at teaching my child how to be healthy.
Home Teaching	4	I try to help my child develop self-confidence.
Home Teaching	6	I try to help my child know right from wrong.
Home Teaching	7	I try to help my child accept responsibility and make decisions.
Home Teaching	10	I try to help my child learn how to handle arguments.
Satisfaction	8	I like taking care of my child.
Success	1	I am good at getting along with my child's teachers.
Home Teaching	1	I try to help my child with homework when he/she needs it.
Home Teaching	5	I try to help my child listen carefully and following directions.
Home Teaching	8	I try to help my child want to do the best he/she can in school.
Home Teaching	9	I try to help my child care about other people's feelings.
Home Teaching	2	I try to help my child use good manners.
Home Teaching	3	I try to help my child respect the rights and property of others.

APPENDIX C

Correspondence related to Research.

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

September 10th, 1986

Dr. Jay Belsky
College of Human Development
Dept. of Individual & Family Studies
Pennsylvania State University
University Park, Pennsylvania 16802
U.S.A.

Dear Dr. Belsky:

I am a graduate student in Family Studies at the University of Alberta. I am presently completing my thesis, the topic of which is a Need Identification and Assessment for parent education. The target population with which I am concerned is parents of school-aged Educable Mentally Handicapped children. In the development of the conceptual framework for my research, I found your process model of the determinants of parenting very useful. (Child Development, 1984, 55, 83-96).

I am writing to request your permission to use your model in my thesis. In order to do so, I need permission in writing from you. I greatly appreciate your giving consideration to this request.

Yours truly,

Kathleen McCalla

KATHLEEN McCALLA

/wp

In response to the above note, I hereby grant you permission to use my model. Good luck.

Sincerely

Jay Belsky

9/15/86

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

121
SEP 18 1986

September 10th, 1986

Academic Press Inc.
111 Fifth Avenue
New York, New York 10003
U.S.A.

Dear Sir:

I am a graduate student in the Department of Family Studies at the University of Alberta. I am presently completing my thesis, the topic of which is a Need Identification and Assessment for parent education. I am writing to request permission to make use of Table 9.1, Need Identification and Assessment Methods, found on page 228 of Evaluation of Human Services Programs; edited by C. Clifford Attkisson, William A. Hargreaves, Mardi J. Horowitz and James E. Sorensen; 1978.

I would find it very helpful to be able to include this table in the literature review chapter of my thesis. In order to do so, I require a letter of permission from the publishing company. Thank you for your attention to this matter.

Yours truly,

Kathleen McCalla

KATHLEEN McCALLA

/wp

September 24, 1986

PERMISSION GRANTED, provided that complete credit is given to the source, including the Academic Press copyright line. If commercial publication should result, you must contact Academic Press again.

Martha Strassberger/KOC

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OFFICE OF PARENT DEVELOPMENT INTERNATIONAL
College of Education
Arizona State University
Tempe, Arizona 85287

Telephone: (602) 965-3921
TELEX: 667391

September 25, 1986

Kathleen McCalla
103 47 Villa Avenue
T5N 3T8
Edmonton, Alberta
Canada

Dear Kathy,

I am pleased to grant you one time permission for administration of the Parental Strengths and Needs Inventory. My understanding is that the instrument has been used to gather thesis data. Your study would seem to have considerable benefit for parent educators and school personnel working in special education.

Please remember that the PSNI cannot be reprinted in the appendix of your thesis. You can of course include item analysis results and subscale items. The necessary restriction of not reprinting an entire instrument is common to all copyright materials.

Best Regards,
Robert Strom
Robert Strom
Director

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

March 1986

Dear Parent:

There are many things about being a parent that give one joy and satisfaction and other things that are frustrating or confusing. Parent education programs are offered by many agencies to help parents be more effective in this most challenging job. However, parent education programs can answer the needs of parents only when parents have had a chance to express what their strengths and needs are.

Parents of children enrolled in special education classes may have some unique strengths and needs that should be addressed by parent education programs. All of the parents of children in opportunity classes with the Edmonton Public School Board are being asked to express their views on parenting. In order that the results will truly represent the thinking of parents of children in opportunity classes, it is important that each questionnaire be completed and returned.

You may be assured of complete confidentiality. The school is distributing the questionnaire in order to maintain your anonymity. We do not want you to place your name anywhere on the questionnaire.

The results of this research will be made available, before the end of this schoolyear, to the Edmonton Public School Board and to agencies involved in parent education programming, in order to assist them in developing programs to meet your needs and build on your strengths as parents.

You may receive a summary of results by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. Please do not put this information on the questionnaire itself. You can expect to receive a Summary by June of this year.

I would be most happy to answer any questions you might have.

Thank you for your assistance.

Sincerely,

KATHLEEN McCALLA
Department of Family Studies
Telephone: 452-5451

Last week a questionnaire seeking your feelings about your strengths and needs as a parent was sent to you. All of the parents of children in opportunity classes are being asked to express their views on parenting.

If you have already completed and returned it to us please accept our sincere thanks. If not, please do so today. In order that the results will truly represent the thinking of parents of children in opportunity classes, it is extremely important that yours also be included in the study.

If by some chance you did not receive the questionnaire, or it got misplaced, please call me right now (452-5451) and I will get another one in the mail to you today.

Sincerely,

Kathleen McCalla

KATHLEEN McCALLA
Department of Family Studies
University of Alberta

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

April 1986

Dear Parent:

About three weeks ago I wrote you seeking your feelings about your strengths and needs as a parent. If you have not yet completed and returned the questionnaire please do so today.

We have undertaken this study because we believe that being a parent is one of the most important and challenging jobs any of us ever have. We also believe that parent education can help parents be more effective. However, parent education programs can answer the needs of parents only when the parents have had a chance to express what their strengths and needs are.

I am writing to you again because of the importance each questionnaire has to the usefulness of the study. All of the parents of children in Opportunity classes are being asked to express their feelings about parenting. In order for this study to be truly representative of the strengths and needs of parents it is essential that each person return their questionnaire.

If you have already have already completed and returned your questionnaire, let me take this opportunity to thank you. In the event that your questionnnaire has been misplaced, a replacement is enclosed.

Your cooperation is greatly appreciated.

Sincerely,

KATHLEEN McCALLA
Department of Family Studies
Telephone: 452-5451

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

March 1986

Dear Teacher:

As an educator, you are in a unique position to observe both the strengths and needs of parents of children enrolled in Opportunity classrooms. Parent education programs are a useful means of helping parents become more effective in their roles. However, the effectiveness of programs is related to accurate assessment of the needs of the population to which they are directed. By surveying professionals closely involved with parents of children enrolled in Opportunity classrooms as well as surveying the parents, a clear picture of strengths and needs for programming should emerge.

A sample of the professionals, teachers, consultants and pupil placement personnel, has been selected to express their views of these matters. In order that the results of the questionnaires will be truly representative of the thinking of the professionals closely involved with parents of Opportunity students, it is important that each questionnaire be completed and returned.

This research has been approved by the Edmonton Public School Board. Further, you can be assured of complete confidentiality. There is no identifying mechanism on the questionnaires.

The results of this research will be made available, prior to the end of this school year, to the EPSB, and to agencies involved in parent education programming in order to assist them in developing programs to meet the needs of parents of educable mentally retarded children.

You may receive a summary of the results by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. Please do not put this information on the questionnaire itself.

Please feel free to contact me by letter or telephone if you have any questions. Thank you for giving me both your time and your co-operation.

Sincerely,

KATHLEEN McCALLA
Department of Family Studies
Telephone: 452-5451

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

March 24, 1986

Dear Teacher,

Contained in this package is a questionnaire for you to complete and return, two sets of identical questionnaires for the parents of your opportunity students, and a postcard reminder for the parents. In order to complete the research project I need your assistance in the distribution of the questionnaire and the reminder postcard to the parents. Three distributions are necessary:

1. On the day you receive the package, please distribute one set of the questionnaires to the children to take home.
2. On Tuesday, April 8, please distribute the postcard reminders to the children to take home.
3. On Tuesday, April 15, please distribute the second set of the questionnaires to the children to take home.

I would appreciate it if you could write the name of each child's parent or guardian on the outside of the envelope and on the back of the postcard reminder. Their names have not been released to me in order to preserve their anonymity.

Thank you for both distributing the questionnaires and reminder, and for participating in this study.

Yours truly,

Kathleen McCalla

University of Alberta
Edmonton
Canada T6G 2H1

Department of Family Studies
Faculty of Home Economics
801 General Services Building, Telephone (403) 432-5771

April 1986

Dear Principal:

As an educator, you are in a unique position to observe both the strengths and needs of parents of children enrolled in Opportunity classrooms. Parent education programs are a useful means of helping parents become more effective in their roles. However, the effectiveness of programs is related to accurate assessment of the needs of the population to which they are directed. By surveying professionals closely involved with parents of children enrolled in Opportunity classrooms as well as surveying the parents, a clear picture of strengths and needs for programming should emerge.

A sample of the professionals, teachers, principals and pupil placement personnel, has been selected to express their views of these matters. In order that the results of the questionnaires will be truly representative of the thinking of the professional closely involved with parents of Opportunity students, it is important that each questionnaire be completed and returned.

This research has been approved by the Edmonton Public School Board. Further, you can be assured of complete confidentiality. There is no identifying mechanism on the questionnaires.

The results of this research will be made available, prior to the end of this school year, to the EPSB, and to agencies involved in parent education programming in order to assist them in developing programs to meet the needs of parents of educable mentally retarded children.

You may receive a summary of the results by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. Please do not put this information on the questionnaire itself.

Please feel free to contact me by letter or telephone if you have any questions. Thank you for giving me both your time and your co-operation.

Sincerely,

KATHLEEN McCALLA
Department of Family Studies
Telephone 452- 5451